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Chelsea C. Riordan

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THE EVIL MAD: VILLAINOUS NEUROSIS IN BATMAN

By

Chelsea Riordan

An Honors Project Submitted in Partial Fulfillment
Of the Requirements for Honors
In
The Department of English

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Introduction

Since the introduction of Superman in *Action Comics* #1 in 1938 mainstream “cape comics” (superhero comics) have become a permanent fixture in American pop culture; their appeal touches all corners of fiction and advertising, from critically acclaimed international blockbusters to cereal box prizes. What, then, do our most popular franchises say about us? When focusing upon *Batman* (arguably one of the most popular intellectual properties in comics history) as a superhero text, clear themes and trends begin to emerge: justice, retribution, morality, and trauma. Batman famously suffers from the fallout of witnessing his parents’ deaths, but he is not the only central figure in his narrative who canonically wrestles with emotional disturbance and post-traumatic stress; his entire host of villainous adversaries are long-term psychiatric patients, many of whom make their home in the infamous Arkham Asylum.

Although the *Batman* franchise has its roots in camp and slapstick, by the late 20th Century and the mounting popularity of Frank Miller’s 1986 publication *The Dark Knight Returns*, it became synonymous with noir brooding and psychological horror. As such, Batman’s once-zany foils were reimagined as deeply disturbed grassroots terrorists with serious psychological afflictions. Mental illness is used divisively in the *Batman* brand, with dozens of mentally ill characters both fetishized and demonized *en masse*. In fact, many of the more “sympathetic” psychological afflictions represented by Batman’s rogues— such as depression, anxiety, and childhood trauma—mobilize cultural stigmas surrounding mental illness to make the fictional sufferers appear more twisted and vile than they might have been otherwise. This thesis will explore the ways in which this demonization of mentally ill characters both reflects and perpetuates negative stereotypes in the real world. In societies where these depictions of mental illness prevail, they serve two cultural functions: (1) for those who are not afflicted with

the disorder(s) in question, these images serve to reinforce and reproduce toxic cultural stereotypes of neurodivergant people; (2) for those who live with the represented conditions, their depictions in these texts serve to engender DuBoisian doubled-consciousness, encouraging acute awareness of the expectation to either hide or “perform” their afflictions according to cultural constructions.

Arkham Asylum was introduced in 1974 (*dc.wikia.com*), the same year as the horror sleeper hit *Texas Chainsaw Massacre* (Tobe Hooper) and two years after Geraldo Rivera conducted his tell-all exposé on the Willowbrook State School abuse scandals. It was a prime time to introduce what would ultimately become a fixture in Gotham City and the subject of countless videogames, movies, TV episodes, and story arcs. By referencing Foucault’s *Madness and Civilization: A History of Insanity in the Age of Reason* and Stone Lantern Films’s *Asylum: A History of Mental Institutions in America*, I will draw from the historical treatment of “the insane” as a group to argue that in *Batman*, as in many other fictional works, the asylum is both a source of horror in and of itself (via abuse or its patients, the ostensible victims of the horror) and a crucible filled with “madmen,” yet another source of horror. *Batman* is best known as an amalgam of crime fiction, action, and the superhero story, but as it has aged, mainstream media has enjoyed a horror boom which peaked in the 1980s (Reyes). *Batman* has, in turn, adopted many elements from social science fiction and psychological thrillers, as many other examples of late 20th Century/Millennial crime fiction have. This is demonstrated best through Arkham as a narrative fixture. Perhaps the most overt example of its relationship to horror is the name “Arkham” itself, the name of a town which recurs throughout H. P. Lovecraft’s body of work. This connection to “weird fiction” and horror-sci-fi mainly hovers at the surface level; when snapped into place in its historical context, however, DC’s Arkham-centric story lines are easily

read as a horror text in its own right— one in which “madness” is the primary source of the horror.

At the center of Arkham Asylum and the framing of its inmates is what Foucault refers to as the “menace and mockery” (13) of madness. This is evident through the dangerous nature of Batman’s rogues, rendering them both terrifying and non-threatening. Madness is the universal strain which unifies these villains and the double-sided stigma of their framing. *Batman* has nurtured 80 years of narratives which implicitly and explicitly associate “madness” with contemptable piteousness and potent criminality at the same time. The ways in which readers are encouraged to hate/fear the mentally ill is multi-dimensional.

In the following chapters, I will place *Batman* on a spectrum of horror stories which pivot around insanity— this collection of stories includes selections from the literary canon, pop media, true crime, folklore, and mythology. Some of these samples— such as Kevin Wendell Crum of *Split* (M. Night Shyamalan, 2016) and Norman Bates of *Psycho* (Alfred Hitchcock, 1960)— are explicitly portrayed as sufferers of a real-life psychiatric disorder (Dissociative Identity Disorder in both cases). Others— such as Hans Beckert of *M* (Fritz Lang, 1934) and Michael Meyers of *Halloween* (John Carpenter, 1978)— display “insanity” or “madness” in a general sense; their instability is reinforced through coding, in which they display behaviors associated with specific mental illnesses (Beckert compulsively repeats behaviors and phrases like many real-life OCD sufferers; Meyers has a flat affectation like many real-life schizophrenics). These insane characters are all uniformly violent, and their violence is always attributed to said insanity. The same tropes are at work in the portrayal of *Batman* villains like Two Face, The Joker, The Riddler, Scarecrow, and The Mad Hatter, each of whom has been

explicitly labeled with a psychiatric illness and presented as “mad” in a more nebulous sense over the course of their fictional lifespans.

When mental illness is explicitly linked with monstrosity, it sends a message: mental patients and their ilk are deranged; they are dangerous; they are something other than human. In visual media like cape comics and horror films, a given character’s derangement and depravity is often signaled through upsetting physical attributes— a humped back, short stature, missing extremities, or noticeable scarring— which signify corruption. This marriage of deformity and madness does a disservice to both the physically and cognitively disabled, implying that they are not only part and parcel with each other but also with immorality.

In *Death, Disability, and the Superhero: The Silver Age and Beyond*, Jose Alaniz tackles representation of disability in mainstream cape comics by comparing the hegemonic, the super-hegemonic (idealized superheroes), and the sub-hegemonic (the “ugly” disabled, the “misbehaved” mental patient). If, for a moment, we consider the cultural “default” of a straight, cis, white, able-bodied, well-adjusted, reasonably handsome, Christian man as just that, a default, then any other kind of person is a deviation from the norm. Just one deviation (e.g.: a straight, cis, white, able-bodied, well-adjusted, reasonably handsome, Christian *woman* or straight, cis, white, able-bodied, well-adjusted, *out of shape*, Christian/WASP man) is not aberrant; it’s acceptable. It’s a trait which resides only one decimal point away from absolute zero. A character like *Batman*’s Two Face, however, pushes the boundary as a straight, cis, (*not recognizably*) *white, disabled, neurotic, ugly, morally relativistic* man— too many degrees of separation make him strange and threatening, especially given that a number of these traits alone (disability, ugliness, neurosis) can sometimes spell aberration without a supplemental departure from a “traditional” human male.

To explore these concepts and how they are inscribed upon the representations of the villains mentioned above, this thesis focuses on intersections between madness and criminality in comics like *Arkham Asylum: Living Hell* and *Arkham Asylum: A Serious House on Serious Earth* along with several episodes from *Batman: The Animated Series* (FOX, 1992-1999). Chapter One, “The Asylum,” examines the dimensions of the “asylum horror” subgenre and how it applies to the presentation of Arkham Asylum. It analyzes the asylum’s roots in gothic literature and its relationship to cultural attitudes towards madness and mad people in order to discern what makes it horrific and how that horror serves the *Batman* narrative’s status quo. Chapter Two, “Obsession & Compulsion,” explores fictional presentations of Obsessive Compulsive Disorder (OCD) in horror and crime fiction, while Chapter Three, “Identity & Duality,” does the same for Dissociative Identity Disorder (DID). Both chapters are intended to demystify their respective foci while pinpointing the source of their horrific elements. Chapter Four, “Visualizing Stigma,” discusses the conflation of mental illness and physical disfigurement in visual media: why it happens, which tropes it informs, and its potential effects on both disabled and non-disabled audiences.

Throughout, this thesis will analyze all of the ways in which the *Batman* franchise revolves around the concept of insanity and emotional dysfunction. The conceit of our titular hero’s actions always traces back to his childhood trauma. The city he lives in, Gotham, is named both for New York City and the original Gotham, a medieval Anglo-Saxon village famously known as “the village of simple-minded fools” in English folk tales (Nigro, *nylp.org*). Perhaps most overt is Arkham Asylum itself; Arkham is among the most common settings for *Batman* story arcs and, as this thesis argues, it serves as a hub of madness by housing the insane and embodying their afflictions concurrently.

Chapter One: The Asylum

A Brief History of The Asylum

The groundwork for the “asylum horror” sub-genre was well-laid by 19th Century gothic writers, but the sociocultural backdrop in which such works incubated stems back to at least the Middle Ages. The sane attitude towards madness and mad people has pivoted around avoidance since the notion of madness was first formulated. According to Foucault, “...in Nuremberg, [Germany], in the first half of the fifteenth century, the presence of 63 mad-men had been registered; 31 were driven away; in the fifty years that followed, there are records of 21 more obligatory departures; and these are only the madmen arrested by the municipal authorities” (8). Practices such as these co-occurred with primeval ancestors of the modern psychiatric facility, the role of which was to serve as “...a place of detention reserved for the insane” (9) rather than a place of rehabilitation. Implicit in the routine displacement and detainment of mad people is the Euro-American desire to avoid and ignore madness; mad persons are either kept at home to be quietly tended by family, turned over to the powers that be, or left to become ignored vagabonds.

The classical era gave rise to what Foucault describes as “the great confinement.” From antiquity until the mid-1800s, insanity was commonly regarded as a divine punishment for moral error (24); as such, the late 17th Century saw a convenient cross-section of punishment, rehabilitation, and segregation directed at both the insane and the impoverished. Workhouses dedicated to “the punishment of vagabonds and the relief of the poor” (43) began to crop up in France and England in the Early Modern Period. Foucault asserts that, in the Age of Enlightenment, idleness was considered the cardinal sin, meaning that a predisposition towards labor was the ultimate virtue. These values as applied to the workhouses of the day were quite

handy at generating free labor, corralling mad miscreants, and creating a sense of righteousness in the unconfined for reaping such benefits. It is in the following century that the modern image of an asylum as a quasi-torture chamber develops. Busying idle hands with manual labor began to take a back seat to confining the mad in order to restrain their “animal ferocity” (75) and thereby “avoid scandal” (66). It became common practice to keep the insane in abysmal conditions, which included

...cells situated at the level of the sewers... swarm[ed with] huge rats, which during the night attacked the unfortunates confined there...’ when the insane were particularly dangerous, they were constrained by a system which was doubtless not of a punitive nature, but simply intended to fix within narrow limits the physical locus of a raging frenzy. Sufferers were generally chained to the walls and to their beds... at another hospital... a woman subject to violent seizures was placed in a pigsty, feet and fists bound; when the crisis had passed she was tied to her bed, covered only by a blanket; when she was allowed to take a few steps, an iron bar was placed between her legs, attached by rings to her ankles and by a short chain to handcuffs. (71-72)

This is only a small sample of the indignities of the day. The concept of an asylum or psychiatric hospital in the modern sense did not arise until philanthropists like Phillippe Pinel, William Tuke, and Dorothea Dix set various reforms in motion throughout the 19th Century. Prior to these waves of reform, it was widely accepted that “...the mad [could] not feel heat, cold, or hunger; they [were] more animal than human” (Focault 72). This attitude justified the squalor in which asylum residents were housed and the zoo-like practice of exhibiting them to anyone willing to pay a penny for Sunday afternoon admission into the institution (Foucault 68).

Though well intended and contextually progressive, the establishment of moral therapy and the psychiatric facility maintained the “us and them” barrier between the mad and the sane by centering treatment on the continued seclusion of the former from the latter. When, at best, early asylums offered an “...idyllic setting which had a farm, grounds, opportunities for amusement, religious exercises, [and] games” (*Asylum: A History of Mental Institutions in America*), their therapeutic measures rarely saw success, and the institutionalized patients still existed outside of the sane and civil hegemony. When the asylums of the late 19th to mid-20th century began to overpopulate, the remote nature of these facilities accommodated a rampant capacity for criminal abuse on the part of any given staff member. This, naturally, led to numerous accounts of malpractice, sexual misconduct, physical violence, and emotional abuse within asylums on an international scale. Perhaps the most famous American unmasking of such misconduct was Geraldo Rivera’s 1972 exposé on the Staten Island Willowbrook State School, but similar reports of clinical maltreatment go back as early as the 1870s, as is detailed in *Asylum: A History of Mental Institutions in America*.

In 1963, President John F. Kennedy began the mass exodus of the United States’ desperately overpopulated state psychiatric hospitals by launching the deinstitutionalization movement; “as a result, the government would back clinics and halfway houses in the community where care would be more humane and cost less” (*Asylum: A History of Mental Institutions in America*). Though rooted in the same mercy which propelled Dixian reform over a century prior, this attempt at reform largely served to return the mentally ill back to prisoner status:

In 1974 and 1975, for example, Glenn Swank and Darryl Winer assessed 545 inmates in the Denver County Jail and reported, “The number of psychotic persons encountered in

the jail was striking, as was the number with a history of psychiatric hospitalization, particularly long-term (more than one month) or multiple hospitalizations. ... Of the jail inmates with a history of long-term psychiatric hospitalization, many had been state mental hospital patients." They also noted a widespread belief among jail personnel "that there has been a marked increase in the number of severely mentally disturbed individuals entering the jail in recent years, but unfortunately there are no earlier data available for comparison. ... The [jail] system seemed to have inherited responsibility for these persons by default rather than preference." (*Out of the Shadows: Confronting America's Mental Illness Crisis*)

The 1980s saw several steep drops in funding for psychiatric institutions when President Ronald Reagan "end[ed] the federal government's role in providing services to the mentally ill" (Pan n.p.). To this day, a substantial portion of the United States' homeless and jailed persons show signs of severe mental illness. Pan also indicates that, "There are 43,000 psychiatric beds in the United States, or about 14 beds per 100,000 people—the same ratio as in 1850." Thus, public provision of mental health services has returned to square one in spite of our medical and sociocultural advances. These last two centuries have created a procession of legislative and medical failures which only gave rise to further mistreatment of the mentally ill. At each point in time between the 1840s through the 2000s when dialogue regarding madness and the treatment thereof, our fiction— particularly, our horror and crime fiction— has boomed with the screeches of the insane, reflecting a multi-dimensional American discomfort with those who are considered mad and that which is considered madness.

The Medial Madhouse

Early examples of horror can be traced as far back as any reader is willing to look. The official genre, however, was not officially named until the term “horrible romance” was coined in 1827 (Reyes 19). Prior to this delineation, gothic narrative elements swirled nebulously in pieces of canonized literature, penny-dreadfuls, and all forms of fiction that resided in between. By the mid-1800s, however, the horror genre was in full swing. Edgar Allen Poe, arguably American horror’s single most important taste-maker, was well known for writing what, in hindsight, is easily classified as “psychological horror.” The best example thereof is “The Telltale Heart,” which features an unnamed narrator who is propelled to commit murder by none but his own creeping insanity:

It is impossible to say how first the idea entered my brain; but once conceived, it haunted me day and night. Object there was none. Passion there was none. I loved the old man. He had never wronged me. He had never given me insult. For his gold I had no desire. I think it was his eye! yes, it was this! He had the eye of a vulture --a pale blue eye, with a film over it. Whenever it fell upon me, my blood ran cold; and so by degrees --very gradually --I made up my mind to take the life of the old man, and thus rid myself of the eye forever. (297)

The narrator explains at several points in his story that he has been subject both to crippling anxiety and what can easily be inferred as psychosis: “...nervous --very, very dreadfully nervous I had been and am; but why will you say that I am mad? The disease had sharpened my senses --not destroyed --not dulled them. Above all was the sense of hearing acute. I heard all things in the heaven and in the earth. I heard many things in hell” (297). This amalgamation of paranoia and delusion famously leads the narrator to not only fatally bludgeon a

man to death, but to reveal his well-concealed crimes to the police. It is made clear early on that the narrator's anxieties have long crippled him, that he is in fierce denial of "being mad" (he addresses the reader about this directly, checking to see if you "will call him mad" five times within just over 2,000 words), and that it is this madness alone which propelled him to his killing. The central characters in Poe's short fiction are often presented as mad or emotionally disturbed to some degree, a disposition which is both presented and accepted as the sole reason for their violence. For example, the same plot point occurs in "The Black Cat," in which a man is driven to torture and kill his beloved wife and favorite pet as the result of his "general temperament and character... [experiencing] a radical alteration for the worse... [by which he] grew, day by day, more moody, more irritable, more regardless of the feelings of others" (169). These works are not the first to present madness, fictional or actual, as the determining cause of violent crime, but Poe's fiction is both a great influence upon the psychological horror of the 20th Century and explicitly referenced in several high-profile *Batman* titles.

The popularity of the "psycho killer" officially took root in the late 1970s and early 80s with films like John Carpenter's *Halloween* (1978) and Sean Cunningham's *Friday the 13th* (1980). The mainstream success of the slasher genre, however, hinged on two abiding factors: (1) the collapse of the Hollywood production codes in the 1960s and (2) the bizarre case of Ed Gein garnering national attention in the late 1950s. These seemingly unrelated histories coalesced in what can be argued as the first "slasher movie," Hitchcock's horror classic *Psycho* (1960). *Psycho* was based upon the 1959 novel of the same name, which was, in turn, based upon the real-life exploits of Ed Gein, aka "The Mad Butcher of Plainfield" ("Ed Gein"). Gein garnered national infamy in 1957, when Plainfield police stumbled into a real-life house of horrors; Gein had adorned his home with morbid artifacts created from the taxidermized corpses

of roughly 40 women, two of whom he murdered for this explicit purpose. The rest were routinely exhumed from their graves over the course of several years. Gein gathered these remains for eclectic projects which ranged from the creation of bone dishware and skin upholstery, to a hand-made “woman suit” and a belt derived from human nipples, to disembodiment purely for the sake of decoration (example: Gein’s inventory included a severed head meant to be hung by its hair and a pair of lips attached to a drawstring). Gein’s grief over the death of his mother and the schizophrenic condition which ensued were accepted as the root motivation for his crimes in court and by the general public. After rigorous psychological examination and legal inquest, Gein was declared criminally insane and lived out the remainder of his life in custody at the Mendota Mental Health Institute.

The discourses surrounding the case of Ed Gein exemplify the Western consensus that madness is an expression of great moral weakness, that madness is inexorably linked to death, that the insane are more likely to exhibit violent tendencies and to commit abuse. This common opinion is routinely explored in psychological surveys, although the conclusions are often fuzzy. Based on recent data¹, it is clear that Gein is a statistical outlier among other diagnosed schizophrenics. In contrast to his prior ghastly hobbies, once medicated and hospitalized, Gein was described as a “model patient” (“Ed Gein”), much as he was previously considered “perfectly harmless” (“Ed Gein”) by those who knew him. The report of Gein’s good behavior at Mendota is ironically echoed by Hitchcock’s Gein proxy, Norman Bates (Anthony Perkins), who, once in custody, internally monologues to himself in his mother’s voice:

They know I can’t even move a finger, and I won’t. I’ll just sit here and be quiet, just in case they do suspect me. They’re probably watching. I’ll let them. Let them see what kind of a person I am. I’m not even going to swat that fly. I hope they are watching.

They'll see. They'll see, and they'll know, and they'll say 'Why, she wouldn't even harm a fly.'

Upon the end of this monologue, Bates cracks into an uncanny grin, and the final image of his murder victim's car being dredged up from a swamp fades into view.

Following the popularity of *Psycho*, other books and films went on to take inspiration from the brutality of the Gein case, including Tobe Hooper's *Texas Chainsaw Massacre* (1974), another early predictor of the slasher craze ("Ed Gein"). What follows is a proud lineage of horror films which pivots on the idea that vaguely defined insanity alone is not only a natural motivation for grisly spree killings but also a substantial threat—substantial enough to elicit scares from the audience and triumph in the box-office. The popularity of such films runs along the same timeline as several cultural landmarks in the history of deinstitutionalization: both *Psycho* and *Texas Chainsaw Massacre* come within ten years of JFK's bid for deinstitutionalization; the slasher boom of the 1970s breaches the public consciousness alongside a slew of investigative reports—such as Rivera's work in 1972—and documentaries—such as the seminal *Titicut Follies* (Wiseman, 1967) and the 1983 Academy Award nominated PBS feature *Children of Darkness* (Kotuk and Chekmayan, 1983). Here, we can observe a bizarre trend: the increasingly popular scapegoating of psychotics as murderers (hence, "psycho killers") abuts the national outcry against the failure of state-run institutions. In fiction, the mid/late-20th Century mad are feared and reviled; in the news, they are pitied. In either regard, the threat—be it the patients or the abuse they suffer—derives from the same setting. It is from this junction that the asylum as a horror story setting springs.

Psychiatric institutions have been used as venues of horror since the early days of cinema. Staples of the German Expressionist² film movement like *Nosferatu* (Murnau, 1922) and

The Cabinet of Dr. Caligari (Wiene, 1921) set the asylum up as a place of filth, anxiety, and unreality. Examples of asylum horror in early films are not rare, but they are far less prominent than those that would follow in the late 20th Century. Carpenter's *Halloween* begins in a high security ward run by incompetents who allow the deranged killer Michael Myers to escape. *Sweeney Todd* (Prince, 1982) heavily featured Fogg's Asylum, a place filled with "screeching, gibbering maniacs." Another Gein-inspired title, *Silence of the Lambs* (Demme, 1991), showcases the wild mannerisms of the criminally insane upon the introduction of Hannibal Lecter in an early scene set in a psychiatric facility. Numerous horror titles from the last fifty years include the word "asylum" upfront; a short list of which includes *Asylum* (Baker, 1972), *Asylum of Satan* (Girdler, 1972), *Doom Asylum* (Friedman, 1987), *Nightmare Asylum* (Sheets, 1992), *Asylum* (Seale, 1997), *Dark Asylum* (Gieras, 2001), *Asylum Night* (Watson, 2004), *Asylum* (Mark, 2007), *Asylum* (Ellis, 2008), *Asylum Blackout* (Courtés, 2011), *Paranormal Asylum: The Revenge of Typhoid Mary* (Zalmanowitz, 2011), *The Amityville Asylum* (Jones, 2013), *Asylum, The Lost Footage* (Hall, 2013), *Asylum* (Chapkanov, 2014), *Stonehearst Asylum* (Anderson, 2014), and *The Blackburn Asylum* (Chartrand, 2015), along with FX's anthology series *American Horror Story: Asylum* (2012). The word "asylum" alone indicates the film's genre to consumers, and the punch it packs is two-fold: one horrific aspect to be derived from the asylum is, of course, its association with madness and mad people, and the other relates to its functionality as a place of detainment and restriction. Insanity has long taken on a symbolic nature in Western culture which links the experience of madness (both the experience of *being* mad and of *seeing* the mad) to death, identity dissolution, chaos, and the terror of the unknown.

Madness and the madman become major figures [in the 16th Century], in their ambiguity: menace and mockery, the dizzying unreason of the world, and the feeble ridicule of

men... The substitution of the theme of madness for that of death does not mark a break, but rather a torsion within the same anxiety. What is in question is still the nothingness of existence, but this nothingness is no longer considered an external, final term, both threat and conclusion; it is experienced from within as the continuous and constant form of existence. (Foucault 13-16)

Although we as a culture have progressed beyond considering mental illness a sin on a literal level, confronting insanity still provokes in the 21st Century person that Early Modern revulsion and fascination with staring long into the void *vis a vis* madness. The asylum-cum-psychiatric hospital is, in fiction and the popular consciousness, a place which harbors the vilest and most unsettling dregs of society, a rat's nest where true evil can be spotted. In the asylum, the terror brought on by viewing and interacting with mad people intermingles with shock brought on by the knee-jerk, empathetic question: "what if that were me locked away in there?" Confinement is unsettling, and it has long been agreed upon as a form of punishment, ranging in severity between a life sentence in prison to the parental command "go to your room and think about what you've done." The combination of indefinite restriction with the asylum's famously barbarous conditions is upsetting on an instinctive level.

Such is the lot of the unlucky horror protagonist, locked away with unpredictable lunatics, sadistic doctors, and indifferent staff, all the while begging to be set free. "I'm not supposed to be here!" he insists as the orderlies drag him to his cell, "I'm not crazy!" *Or is he?* This is the dual nature of the asylum as a center of horror: it's where you go to experience madness on every level. Like in a zombie movie, the question facing the protagonists and audience alike is: will you survive the teeming throng of eager grabbing hands, or will you

become one of *them*? This is the crux of the asylum horror, and as such, it is also the crux of Arkham Asylum.

Thus Spoke Batman: What is Madness?

Before our society can decide who is and is not mad, we must first define madness itself. “Insanity” is clinically obsolete; today, the term circulates only on legal and colloquial bases. All that we once considered diagnosable madness now runs along a spectrum of mental, emotional, cognitive, and neurobehavioral disorders. The current legal definition of insanity is a strict one:

A defect of reason, arising from mental disease, that is severe enough to prevent a defendant from knowing what he did or that what he did was wrong...According to the rules, the defendant must show that he was suffering from a defect of reason arising out of “a disease of the mind” at the time of committing the act. This would usually include most psychoses, paranoia, and schizophrenic diseases, but psychopaths and those suffering from neuroses or subnormality would not normally fall within the terms of the rules. The defendant must also show that, as a result of the defect of reason, he either did not know the “nature and quality” of his acts, i.e. he did not know what he was doing (R v Clarke [1972] 1 All ER 219), or he did not know that his acts were wrong, even if he knew their nature and quality (R v Windle [1952] 2 QB 826). If the defendant is suffering from an insane delusion, he is treated as though the delusion was true and will have a defence if there would normally be one on those facts (for example, if he kills someone under the insane delusion that he is acting in self-defence, since self-defence is a

defence). Medical evidence may be brought, but the jury are entitled to form their opinion on the facts. (Law n.p.)

This definition exists to protect those who are so profoundly disabled that it would be considered unethical to hold them responsible for their actions. The only other time a modern person might be referred to as “insane” is informally (e.g.: “If my professor thinks I’ll be able to read all of *War and Peace* in one week, then she’s insane”), to indicate that someone or something is without reason. Much like other bygone clinical terms, such as “lame,” “dumb,” or more recently, “retarded,”³ the equation of mental illness with insanity is going out of fashion everywhere, it seems, but in popular fiction.

A recurring plot point in nearly every official iteration of *Batman* is the question of the titular hero’s sanity. Absent from this debate, however, is the question of how insanity is defined either generally or within the confines of the narrative. It’s a universal fact within the *Batman* franchise that the Joker is the avatar for madness and chaos, a sort of post-goth cross between the Shakespearean fool and James French. What this usually means for his character is that he is defined as a psychopath (another purely legal term, one which never entered the realm of clinical psychiatry) or something like one: he has no interest or investment in ethics or morality, making him “capable of anything”; he is violent and sadistic; he ignores societal norms; sometimes, he is imbued with the inhuman strength and endurance of the mad a la Classical era reasoning.

Another frequently iterated point in the DCU (DC Universe) is that Batman and the Joker are in direct opposition of one another, striking an equilibrium that is, in the most extreme cases, a Westernized yin/yang dynamic, the most extreme kernel of inevitable truth at the center of reality (or at least, at the center of Gotham). This indicates that, no matter how frequently the

question of Batman's sanity is teased, so long as this implicitly dichotomy is in place, Batman will always be logical and even-handed where the Joker is bizarre and anarchic.

Grant Morrison's *Arkham Asylum: A Serious House on Serious Earth* provides a singular counterpoint to this message when he introduces Dr. Ruth Adams, who declares, "We're not even sure if [the Joker] can be properly defined as *insane*... It's quite possible we may actually be looking at some kind of super-sanity here. A brilliant new modification of human perception" (37). One of the major conflicts presented in *Serious House* is, in fact, the question of the Joker's insanity, alongside with, and in addition to, Batman's sanity. Batman explicitly states his apprehension regarding this within the first 20 pages and is contrasted both visually and narratively with the insane founder of Arkham Asylum (Amadeus Arkham) through a series of flashbacks intertwined with the current action. Batman is lured to Arkham by the Joker, who has orchestrated a hostage situation specifically to gain his attention. For fear of confronting his own possible insanity, Batman hesitates, but nonetheless soldiers intrepidly onward. Henceforth, he is faced with a parade of his nemeses, who enter the frame one by one with the same style of pageantry Marlowe employs when introducing the Seven Deadly Sins in *Doctor Faustus*. Most notable among this procession of cameos is a rapidly deteriorating Clayface, who chants: "Sick. Sick. Sick. My skin is **sick** Bat-man. Only you can help me" (65, emphasis in original). At another point, he reaches for Batman with one grotesque hand, framed from several different angles. "I just want to **share** my disease" (58, emphasis in original), he says.

Figure 1: Clayface approaches Batman in *Serious House*


This serves as a visual metaphor for Batman's fear that, when he stares long into the abyss (i.e.: when he interacts with the insane Arkham inmates), the abyss will stare back into him (i.e.: he will be driven mad himself). The climax of the narrative culminates in Batman's battle with the threat of madness twice removed. On a purely literal level, he physically fights Killer Croc and wins. This straightforward conflict is directly juxtaposed with Amadeus Arkham's imaginary battle with what he calls a "dragon," which is, in reality, a symbol of his own psychosis. Thus, Batman resolves his own internal madness the same way he takes externalized madness to task: by punching it into submission.

Joker's aforementioned super-sanity is specifically designed to terrify the reader in three dimensions. On a narrative level, the prospect of Joker's sanity casts doubt upon Batman's sanity. The reader is forced to ask themselves, "Have I been rooting for a *madman* this whole time?" On a practical level, Joker's proposed sanity is functionally identical to his previously undisputed lack of it. He's still sadistic and sporadic, no matter what talking heads like Dr.

Adams espouse; the result of this super-sanity is still incomprehensible to the reader and to the victims of Joker's rapturous ultraviolence.. The presupposition of super-sanity as the root of Joker's observable unreason is shattering on an existential level; the concept of super-sanity is the Foucauldian abyss of madness realized: fundamentally identical to the Early Modern concept of madness in every way, only it reflects reality with accuracy rather than evading it. Compared to the super-sane, the hegemonically sane person (Batman, Dr. Adams, and supposedly the reader) is the jabbering madman. With the canonization of Adams's super-sanity theory, reality conforms to the horrors of what the Joker represents, not what Batman upholds. However, Adams's theory is not canonized; Batman concludes his identity crisis with an ambiguous declaration: "Sometimes it's only madness that makes us who we really are. Or destiny, perhaps" (106). So, is Batman crazy? "Perhaps" is Grant Morrison's official verdict, but in the context of the *Batman* franchise's greater framework, it's doubtful. Either way, the Dark Knight of *Serious House* has regained his emotional footing, and as such, this refractory period of self-analysis has drawn to a close; he's ready to continue his moral crusade. Is Batman crazy? Batman and his writers agree that it's best not to think about it.

For a Batman writer, to define madness explicitly is to end the consensus narrative that holds the series together. How can Batman continue to be a light in the dark when the reader *understands* the darkness—when they can put a name to it, categorize it, and contextualize it in terms of reality? For as long as madness is billed as the root of the in-patients' violence, the mentally ill antagonists must remain dimly lit boogeymen. Though the *Serious House* narrative initially appears to subvert the usual assumption that Batman is the sane half of his and Joker's shared reason/unreason binary, *Batman's* consensus narrative remains intact, despite its

seemingly ambiguous ending. Batman's sanity is reinforced by the proof that Joker is not, in fact "super-sane."

Likewise, in order for *Batman*'s cyclical narrative to remain intact, Arkham Asylum must remain a poor excuse for both a containment unit and a place of rehabilitation, otherwise the rogues would cease to pose a threat to Gotham after their initial entree into Arkham's register. When they escape, the shame of incompetence can safely fall to the doctors, orderlies, security officers, and police, because the reader is expected to maintain unwavering respect for Batman's mission and efforts. Without the consistent, cross-textual failure of Arkham Asylum, this 80-year-old consensus narrative fails. Batman's self-appointed task as Gotham's protector is something of a caucus race in this, which is why the metanarrative debate over Batman's sanity is regularly invoked. If he's so even-handed and rational, why don't his tireless efforts reap any long-term results? Because the system is broken beyond all recognition.

From a narrative standpoint, that's how the bottom line needs to shake out: Gotham's criminal justice policies are in such a dismal state that one man (albeit, a man with billions of dollars, the respect of the people, and a clear vision) can't fix them, he can only do his best to keep them running smoothly. DC Comics is business first and foremost, and *Batman* is—with the arguable exception of *Superman*—their most popular product to date. This makes it easy to forget that *Batman* doesn't exist in a sociocultural vacuum; in a way, the cultural and historical context of Arkham's popularity is convenient for a set-up like this one. When Arkham was first introduced in the DCU in 1974, federal psychiatric institutions were breaking down, and it became a staple of the franchise just as the American state hospital went extinct. DC was thus poised to take advantage of the asylum as a historical fixture, a hot-button issue, and a creepy pop culture set piece.

The Asylum and Its Victims

In horror fiction, the image of the asylum has gone on to signify the threat of madness in its own right as opposed to simply existing as a place to put mad people. Visually, Arkham Asylum draws from both the Gothicized history of pre-Dix madhouse conditions and the

claustrophobia of modern, maximum security prisons. In both *Arkham Asylum: Living Hell* and *Batman: The Animated Series*, establishing shots of the building reveal an imposing, Victorian looking mansion. The latter only presents us with this image at night, under a black, red, or



Figure 2: Arkham Asylum's Exterior in B:TAS.

deep blue supermoon. The building itself is positioned high up on a hill with only the odd dead tree for company. The grounds themselves are surrounded by a delicate looking iron fence, more reminiscent of prison bars than functional. The path to the front door is signaled by an ornate, spidery looking arch with “ARKHAM ASYLUM” spelled out in jagged iron letters. This particular version of Arkham has leaked into many later variations on the franchise, including the “Arkhamverse” videogames and Fox’s TV series *Gotham*.

In *Living Hell*, the iron arch is missing, replaced instead by a giant stone plaque. The plaque itself is implied to be replacement for Arkham Asylum’s original, ornately painted

wooden label: “The Greater Gotham Township’s House of Madness and Ill Humors.” This



Figure 4: The modern interior of Arkham Asylum in *Living Hell*.

sparse décor and transparent walls are useful, as they combine the antiseptic discomfort of a general hospital and the barren claustrophobia of a prison with the high ceilings and hidden corridors or a spooky old manor. It’s also worth noting that, like in a prison, the plexiglass makes the confined person behind it much easier

to display and observe, both to the readers and the characters on the other side. Occasionally, this look is exchanged for something more reminiscent of 19th Century squalor, especially as depicted by German Expressionists: high walls, cramped cells, general dilapidation, and thick iron bars casting noir shadows. This version of Arkham generates its own kind of discomfort; it highlights Arkham as not just a place of confinement but outright torment.

original name is revealed in a flashback which makes use of the “Victorian madhouse as torture chamber,” a common modern trope which draws upon the unkind history of the mistreated mad. The inside of Arkham Asylum in both comics and cartoons varies wildly, depending on how it is required to function in the narrative. The most common variety is most notable for maximum-security plexiglass cell doors and spare, tidy halls built into an obviously refurbished manor. The

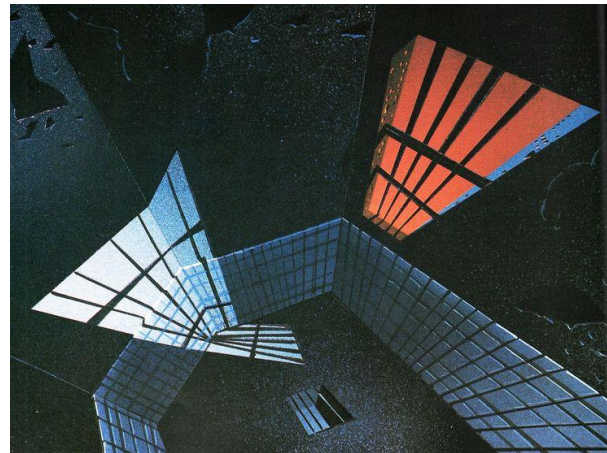


Figure5: The interior of an Arkham cell in *B:TAS*.

Regardless of the exact iteration, Arkham Asylum was created as a drop-box for Gotham's mad menagerie, but it was also brought into existence to embody madness. This is paralleled by the ways in which the mad themselves are depicted as the disciples of mental disease rather than inflicted persons in need of medical help. In accordance with Foucault's theory of confinement, the insane in *Batman* do not go to Arkham Asylum to get well again, they go there to be waylaid from their twisted missions. Arkham's revolving door means that, when Batman is done sparring with his rival of the week, that defeated foe can then be returned to the draw-pool for later use in later narratives. On a more sinister sociocultural note, the idea that the mentally ill must be confined first and helped as an afterthought also reflects the early evolution of the asylum as a Western institution. Before the likes of Pinel, Tuke, and Dix converted asylums into centers of rehabilitation, these facilities were originally intended as containment units, good for little else beyond keeping the dregs of society away from its better citizenry. When revolutionizing the asylum, the aforementioned reformers did not so much dismantle the system that was already in place, but rather, they gutted it and built a new hospital out of its bones. This means that, for all of the reform movement's good intentions, it still perpetuated the philosophy of confinement that plagued previous eras. What this means for our fictional asylum is that the rogues go to Arkham because they need to go to Arkham, because society needs them to go, and because Batman needs them to go. For all of Batman's quiet self-doubt, this is never once a question. They all need to go to Arkham Asylum or Blackgate Prison and stay there for as long as possible.

In *Serious House*, mental illness does not only take on a moral component, but it also seems to present like a physical illness in some regards (hence, Clayface's "sick" skin), bringing the implicit metaphorical connection between brain-sickness and body-sickness into the text. As

such, Arkham Asylum becomes a place of quarantine; much as contagion hangs in the air at a leprosarium, Arkham Asylum itself seems to be mad. The further inside Batman traverses, the more surreal the scenery becomes. In some panels, the building even appears to have grown body parts of its own, like a brain and a spinal column. This creates a negative feedback loop through which the mad go to the asylum, the asylum itself becomes infected, and thusly the mad within only get madder; the threat of infection looms over Batman, the staff, and the Arkham family who run it. When the action switches back and forth between Amadeus and Bruce, it seems to simulate a flashback and/or break from reality experienced by the building itself.

It is in the common horror/horror-comedy “lunatics have taken over the asylum” trope where this madness feedback loop— and the spectacle of madness—really comes into its own. That is, after all, what created *Serious House*’s crucible in the first place: Joker and his ilk took control of the ship of fools and steered it aground. The climax of *Living Hell* is the same; the staff are outwitted by their flock and madness reigns. This happens again in *Batman: The Animate Series* episode “Trial” (S2E10), in which the rogues again lure Batman into the belly of the asylum to test his moral, ethical, and psychological competency (he proves himself, of course). The “lunatics take over” storyline is not relegated only to Batman; it’s existed before and since Arkham Asylum in classic literature/cinema (it’s featured in both the novel and film versions of *One Flew Over The Cuckoo’s Nest*, albeit in a much more sympathetic turn than usual), pulpy prime time TV (*Tales from the Crypt*’s “Top Billing” features this trope as a twist ending), and recent popular trends (the anonymously posted Creepypasta⁴ “My Job at The Psych Ward” was popular enough to warrant a dramatic reading by popular horror youtuber Corpse Husband). Fictional portrayals of madmen running wild in their natural habitat (the asylum) is a spiritual ancestor to misery tourism of the classical period, which encouraged middle class thrill

seekers to gawk at madmen in chains for the nominal price of one penny per admission. Though infinitely more humane, it still perpetuates the underlying notion that the mentally ill are prime entertainment, morbid curiosities similar to the retrospectively barbaric historical signifiers of their pitiable condition: straitjackets, lobotomies, shock treatment, chains—all prominently featured in the *Batman* franchise.

In spite of historical, real world evidence to the contrary, the consensus in *Batman* seems to be that the asylum's victims are the sane folk who interact with it. Once you go mad in Gotham, it seems that you become violent as well. In this fictional world, the brutality weathered by committed patients is justified by the fact that they are mistreated for the sake of righteous revenge for the wrongs they perpetrated towards others and are sequestered away from the rest of the world for the safety of the sane. Without Arkham Asylum, the mad would run amok in the streets, unmitigated by morality, the law, or even self-control. After all, it is a natural fact of the *Batman* universe that madness, crime, and evil are inherently intertwined; therefore, all three are deserving of indefinite confinement.

Chapter Two: Obsession & Compulsion

A Brief Crash Course in the Obsessive-Compulsive Spectrum

OCD (Obsessive Compulsive Disorder) is a widely recognized initialism, but the condition itself is often misunderstood. OCD is one of many “slang-ified” psychiatric disorders (like “depressed,” “bipolar,” “psychotic,” etc.), as many consider it synonymous with fastidiousness rather than anxiety. In these cases, it’s taken as an adjective rather than an illness. The current diagnostic criteria provided by the DSM-V boils down to two key symptoms: the presence of recurrent and distressing obsessions and /or compulsions.

Obsessions are defined by [...] (1) Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress [and] (2) The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion).

Compulsions are defined by [...] (1) Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly [and] (2) The behaviors or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviors or mental acts are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive. (American Psychological Association, 2013)

What this means, essentially, is that diagnosable OCD comes in many shapes and sizes. For example, one extreme variation thereof may be the plight of an individual who is driven by time consuming and distressing urges to perform rituals with no hint of a central driving obsession; likewise, another OCDer might struggle with an all-encompassing, terrifying obsession without the presence of any accompanying compulsions to neutralize the anxiety. Most cases of OCD naturally land somewhere between the two. It is also common for sufferers to experience an array of these symptoms and/or shuffle through a veritable Rolodex of obsessions and compulsions.

The level of insight with which an individual OCD sufferer is also taken into account over the course of treatment. In previous iterations of the DSM, a given sufferer's prescribed insight was considered a fixed, unwavering point, e.g.: one either carries out compulsive behaviors *in spite of* understanding their inherent irrationality or they genuinely believe their precautionary ruminations and rituals are practical. It is now accepted that any given OCD sufferer may waffle between good and poor insight depending on the severity of their condition. It is also imperative to note that poor insight is in no way inherently psychotic; rather, it is more akin to the illogical pessimism of a person in the throes of panic.

The most common myth about OCD generally revolves around anal personality traits and cleanliness/general orderliness. It's likely that you, the reader, have at one point or another, seen the following scenarios play out in some form or fashion:

George is carefully organizing his colored pencils by shade. Brenda notices this and comments upon it, to which George replies, "Yeah, I'm really OCD about my pencils."

Loretta is wiping her desk down with disinfectant after eating lunch at her computer.

Andrew notices this and says, "Wow Loretta, I didn't know you were so OCD."

Please note here, the use and understanding of “OCD” as an adjective which describes fastidiousness rather than as a complex psychiatric disorder. This indicated a cultural focus on the most visible aspects of the condition— externalized compulsions or otherwise disruptive behaviors— what characterizing and understanding OCD. What this attitude sacrifices, often unwittingly, is the understanding of the actual root of OCD: emotional distress, niggling doubt, and anxiety, all of which is compounded by the inconvenience and inappropriateness of compulsivity.

In spite of their similar names, OCD and OCPD (Obsessive Compulsive Personality Disorders) are completely separate conditions. OCPD is a Cluster C personality disorder, along with Avoidant Personality Disorder (APD) and Dependent Personality Disorder (DPD). Cluster C personality disorders are considered the “anxious/fearful” group, whereas Cluster A is characterized by “odd/eccentric” behavior and Cluster B by “dramatic/erratic” behavior. In the DSM-V, OCPD is summarized as “A pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency, beginning by early adulthood and present in a variety of contexts...” (American Psychological Association, 2013). Because of the similarities between OCD and OCPD, the two conditions are often unwittingly conflated in popular fiction, either explicitly or in terms of coding.

Compulsion as Motive in Horror and Crime Fiction

Like psychosis and generalized madness, obsessive and compulsive behavior is widely considered to be an adequate motivation for violent behavior by writers and consumers of fiction— a bizarre contrast to the “ultra-sanitary OCD nebbish” stereotype described earlier. The

“obsessive compulsive killer” trope is not quite so popular as that of the “psycho killer,” but it has existed in horror and crime fiction since at least the time of Edgar Allen Poe. Upon returning to “The Telltale Heart,” we can observe both the bizarre beliefs (e.g.: that sounds in Hell can be heard, that the Old Man’s eye is somehow evil, that a man’s heart can beat post-mortem) and the stringent, methodical rationality often associated with OCD:

You should have seen how wisely I proceeded --with what caution --with what foresight -
--with what dissimulation I went to work!... every night, about midnight, I turned the latch
of his door and opened it --oh so gently! And then, when I had made an opening
sufficient for my head, I put in a dark lantern, all closed, closed, that no light shone out,
and then I thrust in my head. Oh, you would have laughed to see how cunningly I thrust it
in! (297)

This is not to say that Poe was intentionally coding OCD into his story (particularly given that the diagnosis as we know it today was not coined until the 20th Century), rather, he was capitalizing on the general concept of a killer with recognizably aberrant traits: monomania, irrational anxiety, and a violent streak.

To the modern reader, “The Telltale Heart” narrator easily reads as a version of the compulsive killer archetype, a stock character which gained popularity as a sub-variety of the late 20th Century psycho killer. The key difference between the standard psycho killer and the compulsive killer boils down to culpability and intent. The psycho killer is usually one of two things: a sadistic *psychopath*⁵ who takes pleasure in the torture and butchery of others (e.g.: Buffalo Bill, Freddy Kruger, Ghostface, and sometimes the Joker) OR a baffling *psychotic* who is so detached from reality that he (or she, or they— but usually he) may not even be fully cognizant of his violence (e.g.: Michael Meyers, Leatherface, and again, sometimes the Joker).

The compulsive killer falls somewhere between the two, as he is usually fairly *compus mentus*, in spite of his strange beliefs and feelings (like the psychopath) but lacking in the self-control necessary to keep from committing violent acts (like the psychotic). A classic example of this character trope is Hans Beckert (Peter Lorre) in Fritz Lang's *M*. Here, Beckert explains the motivation behind his practice of successive child murders in kangaroo court:

I can't help myself! I have no control over this, this evil thing inside of me, the fire, the voices, the torment! It's there all the time, driving me out to wander the streets, following me, silently, but I can feel it there. It's me, pursuing myself! I want to escape, to escape from myself! But it's impossible. I can't escape, I have to obey it. I have to run, run. Endless streets. I want to escape, to get away! And I'm pursued by ghosts. Ghosts of mothers and of those children. They never leave me. They are always there... always, always, always! Except when I do it, when I— then I can't remember anything. And afterwards I see those posters and read what I've done, and read, and read. Did I do that? But I can't remember anything about it! But who will believe me? Who knows what it's like to be me? How I'm forced to act— how I must, must— don't want to, must! Don't want to but must!

Here, we have reached the heart of the “compulsion as murder motive” Gordian knot: control. In the case of a compulsive murderer pursuing a normate victim, the compulsive party paradoxically holds all and no power; the non-compulsive party is at the mercy of an erratic person whose actions mean nothing on a practical level: they do what they do because they simply can't *not* do it. This combination of randomness and inevitability presents the victim (and the viewer) with a kind of symbolic death before they are subjected to literal death. The compulsive killer is undoubtedly to blame for his actions; he was at no point unable to control

himself in a literal sense. Rather, he is endlessly unable to resist the urge to acquiesce to his own bloodthirsty Id, because he lacks self-control and moral fortitude. At the same time, cases like Hans Beckert engender some level of sympathy in the viewer, if his claims of powerlessness are to be believed. He, like the children who died at his ungovernable hands, is unwillingly subjected to violence and loss of agency. This knowledge robs the viewer of any claim to righteous fury without restoring the murdered collateral.

A more sinister variety of the compulsive killer archetype is the one who willingly and even happily gives into his compulsions; this version of the character is predatory, more calculating, and much easier to scapegoat. One anonymously posted Creepypasta, bluntly titled “Obsessive Compulsive,” makes use of both the complicity compulsive killer and the classic OCD stereotype. It begins mundanely enough, zeroing in on some of the most recognizable common compulsions:

Hello. I suffer from Obsessive Compulsive Disorder, which is an anxiety disorder in which people have unwanted and repeated thoughts, feelings, ideas, or behaviors. In other words, my life is a a [sic] systematic pattern. But yesterday, I experienced a flaw in my own system.I [sic] awoke that morning in my lakeside home promptly at 6:45AM, as I do every morning. Before leaving my bedroom I made sure to touch the doorknob three times. I have to. I need to. On my way down stairs, I made sure not to step on the second to last step. I never touch that step. I just can't.

The narrator (within the fiction of the story, a forum poster sharing a personal anecdote) continues to describe all of the things that they “have to” do without attributing them to an obsession or explaining what it feels like to be enslaved by OCD to their degree of severity. Over the course of several days, more and more of the narrator’s rituals begin to break down, ceasing

to feel right and throwing the narrator into a state of vivid distress. This culminates in the horrific reveal that the narrator's lynchpin compulsion is, of course, murder. The details surrounding the killing and the disposal of the evidence are presented in a dry, matter-of-fact manner, and the post ends on a cyclical note: "The following morning, I made sure to wake at 6:45AM and touch my doorknob three times before skipping the second to last step on my way to the kitchen. While eating my toast, scrambled eggs, and black coffee, I browsed the local news on my iPad. The top headline: Hit and Run Serial Killer Strikes Again. I smiled. Back to normal". In spite of OCD's recurring presence in horror, crime fiction, and thrillers, the truth about OCD-motivated crime is simple and boring; my research has not led me to a single report of a violent crime motivated by symptoms of OCD⁶.

Signs of obsession and compulsion in fictional characters are usually present to flag irrationality, unpredictability, eccentricity, and/or perversion, particularly if these behaviors are impractical or extreme. Furthermore, severe obsession and/or compulsion, as we've already seen, are symptoms of more than just OCD and can present as part of any number of psychiatric conditions. Historically, obsessiveness and compulsivity have been emblematic of unreason and madness. So naturally, a distinct portion of Arkham Asylum's patients display obsessive and compulsive tendencies. The compulsive group most famously includes Scarecrow/Jonathan Crane, who is frequently portrayed a habitual drug user. Mister Zsasz, a gambling addict and ritualistic self-injurer, Calendar Man/Julian Day, who only commits thematically appropriate crimes on culturally significant dates, and Clock King/Temple Fugate, who organizes his

criminal activity around his comically rigid self-imposed schedule. The most famously compulsive rogues are The Riddler/Edward Nigma, who can't help but to leave damning clues behind after committing his crimes (and is sometimes diagnosed with OCD in the text), and Two Face/Harvey Dent, who delegates all of his major decisions to a coin toss regardless of his genuine intentions and desires.

Two Face, the Riddler, and other compulsive criminals like them can hatch imposing and

Figure 6: The Riddler fails to kill Batman in *Injustice: Gods Among Us*.



even immaculate schemes that

would be unsolvable were it not for their unavoidable irrationality. This perpetuated story element makes a simple task of defeating, pitying, and scapegoating these compulsive characters. This is significant namely because the Batman franchise does not offer any compulsive, OCD, or OCD-coded characters to compensate for what is, at best,

an unflattering picture of individuals burdened with these traits. If the villain community is heavily saturated with compulsives, and the rest of Gotham is populated by “normal people,” this means the narrative is promoting the idea that compulsivity carries an inherent moral

component— that compulsives feel frequent urges to carry out dangerous cockamamie stunts or pointlessly encumber themselves for no apparent logical reason.

This presentation of OCD/compulsivity is an arguable extension of what Michel Foucault terms “menace and mockery” (13) in *Madness and Civilization*. This disposition towards the mentally ill characterized discursive constructions of madness in Early Modern art and philosophy.

Madness and the madman become major figures, in their ambiguity: menace and mockery, the dizzying unreason of the world, and the feeble ridicule of men... by the end of the Middle Ages, it bulks large: a long series of “follies” which, stigmatizing vices and faults as in the past, no longer attribute them all to pride, to lack of charity, to neglect of Christian virtues, but to a great sort of unreason for which nothing, in fact, is exactly responsible, but which involves everyone in a secret kind of complicity. (13)

The follies to which Foucault refers are given “...a place in the hierarchy of vices...lead[ing] the joyous throng of all human weakness” (24). Although medicine, philosophy, and humanitarianism have all long since surpassed this antiquated perspective, there remains in popular media and in the notion that insanity does retain a moral component, that unreason does lead to both destructive abandon and self-sabotage.

In *Batman*, compulsion is taken as an implicit kind of folly complete with the narrative encouragement of menace and mockery in response to “madness.” The former reaction—the feeling of being menaced— derives from a general lack of control on the part of both the normate victim and the compulsive preparator. The latter impulse to mock the mad, on the other hand, sprouts from intermingled bemusement and disgust. For example, there’s something freakishly misguided about the ease with which the Riddler sells himself out for something as

trivial as the explanation behind Batman's escape artistry in "Riddler's Reform" (*Batman: The Animated Series*, S3E3). He readily confesses to his otherwise untraceable serialized robberies with exuberant caprice, as if trading his new life of luxury for the answer to a tricky puzzle were an equitable exchange. "I'll even tell you *how* I committed all those robberies. Deal?"

Upon his arrest, the Riddler still fails to show any concern for his now squandered place in high society; all he cares about is the answer to his question, which Batman refuses to provide on the implied grounds that it makes a fitting punishment for his crimes. The camera lingers on Nigma's dismayed expression in several shots as he's handcuffed and willingly lead away—willing, that is, until it becomes apparent that his transaction won't be completed. "Wait a minute! Aren't you going to tell me how you did it? That's not fair!" His voice cracks, and he struggles the rest of the way out of the frame.

In the episode's two concluding minutes, Bruce Wayne is pictured at the breakfast table with Dick Grayson/Robin, presumably the next morning. He explains with a smirk that the Riddler's accomplices have turned against him and agreed to testify against him. Bruce goes on to explain the secret of how he escaped Nigma's death trap. This is juxtaposed with Riddler's final comeuppance. He's been returned to Arkham, where he paces his cell, clutches his head, and screams: "It's impossible I tell you, *impossible!* My trap was perfect! How did he do it? I have to know! Somebody tell me, it's not fair! There was no way I tell you, no way he could have gotten out! Somebody tell me! Somebody tell me how he did it! I have to know! I have to know!" Based on the body language his fellow inmates display (the Joker is pictured with his hands pressed comically over his ears; Two Face is shaking his head restlessly), it can be inferred that this ranting and raving has gone on for an extended period of time. The Riddler's behavior in this final scene—tenacious hyperfocus, bodily tics, repetition of phrases, panicked

body language—is intended to generate the derision and secondhand shame often earned by “mad” behavior; his behavior is so unsettling and yet so impotent and piddling that perhaps mockery is the only proper response. In a vacuum, contempt for a cartoon villain isn’t notable, but his behavior is emblematic of OCD coding—in fact, the comics and videogames are occasionally explicit about his diagnosis thereof—which permits and even encourages the characterization of obsessive compulsive behavior as ridiculous and contemptable.

The Riddler is usually portrayed as one of the more pathetic members of the *Batman* rogue’s gallery, despite his commercial popularity and longevity. Two Face, on the other hand, is more frequently framed as tragic. Harvey Dent was once an upright member of society and a personal friend to Bruce Wayne before becoming the scourge of Gotham’s underbelly; in either case, both of his personalities are formidable in their own rights.

As such, it can be quite handy



Figure 1: Two Face publicly wets himself in *A Serious House on Serious Earth*.

for writers to take him down a peg— adding an insult to his extensive injuries— for the purpose of indicating exactly how bad things have gotten *en media res*. In *A Serious House on Serious Earth*, Dent is so paralyzed by his compulsivity that he wets himself instead of making the

purposeful choice to get up and use the bathroom. “I’m sorry... I couldn’t help it...” he says, hunched behind a desk, Tarot cards spilling uselessly out of his hands “...It takes so long to decide... so many options... I’m really sorry. I think” (Morrison 34).

This little aside is particularly emasculating for the football-shouldered, machine gun-toting Two Face, whose appearance in *Serious House* seems intended to generate a swirl of pity, revulsion, and derision. Indeed, when Two Face is made a focal point in a given *Batman* narrative, he is usually framed in such a way as to generate some level of pathos in the audience. Common canonical conjecture indicates that Dent has two personalities, his original personality (whom we will call “Little Harvey,” as he is called in *Batman: The Animated Series*) and the alternate personality he developed in the wake of emotional trauma (whom we will call “Big Bad Harv,” as he is called in *B:TAS*). The coin flipping compulsion that Big Bad Harv suffers from is often used to flag his emergence, but it is also attributed to both Harveys equally. As such, both Harveys are sometimes referred to as “Two Face,” though at other times Big Bad Harv is portrayed as the moniker’s sole bearer. (If you find this at all confusing, you aren’t the only one.)

In “Second Chance” (*B: TAS* S3E2) Two Face takes a swing at reformation. The story opens with Dent entering Gotham General Hospital, escorted by medical personnel for plastic surgery; the thought is that, coupled with his emotional progress, having his scars masked would be the crucial “final step” towards full recovery. Once he’s under anesthesia, however, a hoard of hired goons busts into the operating room and kidnaps him, gurney and all. Batman and Robin embark on a wild goose chase to track down the perpetrator, only to find that Big Bad Harv had conspired against his headmate⁷, both as revenge for and defense against Little Harvey’s attempt to “destroy” him through therapy and plastic surgery. In spite of this seemingly hard split, Dent’s two personalities, Big Bad Harv and Little Harvey, seem to blur together over the course of this

episode's narrative. This may be attributed to the diametric dyad merging via therapy⁸, but that doesn't seem likely, given that Dent's therapist encourages Little Harvey to "repress" Two Face for good. Contradictorily, Batman—who is well aware of Dent's condition and the valley of difference between the two Harveys—treats him as a single person rather than two warring factions, addressing them both by the same name (Harvey) and assigning them a single personhood ("You're your own worst enemy Harvey").

At the climax of the final showdown between Two Face and Batman in a dilapidated skyscraper, the former emerges victorious, complete with evil laugh and tandem slow zoom focused on his "bad side" profile. It is revealed that Batman has been handcuffed and suspended by chains from a great height and attached to an explosive. "You see this? It's the remote control for that detonator. Once my boys and I get down to the ground, I'll use it to set off that dynamite. Unless of course, the coin says different. What do you say Batman? Feeling lucky?" With no other apparent option, Batman agrees, on the condition that Harvey lets the coin hit the floor, rather than catching it. When the coin falls, it lands on its edge, rather than on either face. Two Face conducts several re-dos with increasing panic and frustration, only for the coin to continually land neutrally. Finally, the coin rolls to the brink of the room and onto an unsteady steel beam sticking out of the floor and hanging several stories over the street. Harvey follows it, desperate for a conclusive answer: "Heads or tails, I have to know! Heads or tails?" Meanwhile, Batman breaks free of his restraints and incapacitates Two Face's henchmen just in time to watch as he literally crawls out on a limb and launches himself off the side after the falling coin, barely managing to catch his security object with his scarred hand and the edge of the beam with his "good" hand. He slips, and Batman catches him by the wrist in the nick of time.

What follows is a very literal pantomime of Harvey's internal struggle: Batman instructs him to pull himself up; he protests on the grounds that, to do so, he would have to drop the coin. They go back and forth like this ("Drop it! Save yourself!" "I—I don't know what to do; the coin won't tell me!") until Batman reveals that it previously landed on edge because it was a trick coin: "I switched coins when you grabbed me. It's a trick coin, it'll always land on edge. It's your decision now Harvey: life or death. The coin or me." Two Face pauses, looking downward with a mournful expression, and releases the coin. He reaches up with his newly free hand and begs, "Batman, help me" while the soundtrack swells. A moment later, he abruptly launches a fist (a bad-hand fist of course) at Batman and shouting "Never!" (a gesture which externalizes the two Harveys' parry for control). Batman dives after him, followed by Robin and an explosion; then, we cut away to Arkham, where Harvey is gratefully re-admitted as an in-patient, while Bruce Wayne (not Batman) stands by his side for moral support. "Good old Bruce," he says, with his "bad" side cloaked in shadow, "always there. You never give up on me."

Scenes like this one are thick with coding and moral implications. The coin-flipping compulsion attributed to Big Bad Harv/Two Face is frequently presented in *B: TAS* as a compulsive behavior used to mitigate the responsibility of making decisions (in which he flips for either heads or tails), but also as a natural tic (in which he flips the coin repeatedly for no apparent reason). The latter affectation serves as a useful visual cue to the audience, indicating which Harvey is in control of the body at any given time; Little Harvey doesn't use the coin, he merely keeps it on his person, presumably for Big Bad Harv's benefit. Usually, Big Bad Harv's violent temper, reflexive nihilism, and compulsiveness are presented as the evil "Mr. Hyde" to Little Harvey's "Dr. Jekyll"—his scrupulosity, upright morality, and rigid equanimity. In

“Second Chance,” however, the implication is either that Big Bad Harv is not the uncomplicated monster he is assumed to be, or his unwholesome compulsion has leaked into Little Harvey’s mind. Either way, the combination of Batman’s active empathy and the look of deep sadness that crosses Dent’s face when relinquishing the coin—the symbol of his compulsions—imparts the unequivocal message that, at least in some special cases, the compulsive is one to be pitied.

This is in sharp contrast to the treatment of the Riddler’s compulsive behavior in “Riddler’s Reform.” Although their compulsions and their reasons for repeating them to ruin are different (Nigma feels a deep need to prove his intelligence to himself and others; Dent feels a moral imperative to channel existential randomness), their respective anxiety problems manifest in similar ways: a reluctant return to crime, taking unnecessary life-threatening risks to complete compulsive behaviors, and repetition of the phrase “I have to know!” to no one in particular. Usually, the compulsive Big Bad Harv is framed as purely villainous (while his non—or at least less overtly—compulsive counterpart is encouraged to “repress” his headmate completely), but the tone of *Batman: The Animated Series* flip flops between sympathy for and condemnation of compulsiveness, both in Dent and in general.

The Aberrance of Obsession

Unlike compulsivity, obsessiveness is practically universal among Batman’s gallery of rogues. Characters who are usually presented as non-compulsive still maintain their flagship motifs, goals, and signature interests, all of which usually intersect (e.g.: Poison Ivy has plant powers, a leafy looking costume, and orients her crimes around plants; Catwoman is a cat burglar who often steals cat-related objects and keeps at least one cat as a pet; the Scarecrow studies fear by provoking it in others due to a lifelong struggle with anxiety and phobias). Not

only that, but a number of Gotham's heroes harbor and nurse life-consuming obsessions as well. This is especially (and famously) true of Batman himself: he is obsessed with avenging the death of his parents and protecting the city they left behind. Obsession in horror and crime narratives is often a tell linked with aberrant behavior. We've already seen this with "The Telltale Heart" and the fictional monsters spawned by the Gein case, but there are explanations for this fictional trope which are rooted in reality. The first is that the victims of serial rapists and killers often have a specific profile. That is to say: individual violent criminals obsessively seek out victims who match certain criteria. In other words, they are *obsessed* with specific traits.

The obsessive aspect of OCD is easily equated to obsession-driven crimes, particularly in fictional/fictionalized accounts. One common example of this mistaken correlation is in the case of the "compulsive stalker" narrative, presented not once but twice in *Joker's Asylum*. *Joker's Asylum* is a series of one-shot spotlight comics, separated into two volumes of five; each of these five stories focuses on one of Batman's rogues, and each tale is bookended by an imprisoned Joker, who serves as the narrator à la *Tales from the Crypt's* Cryptkeeper. Two of these ten accounts—those of The Riddler and The Mad Hatter, respectively—zero in on the obsessive and compulsive behaviors in which the spotlight characters engage whilst stalking and brutally attacking women.

Jervis Tetch/The Mad Hatter in particular is best known for plot lines that involve obsessive thinking and violence against women. As such, it is unsurprising that his entry in *Joker's Asylum* centers on his machinations regarding the women he abducts and kills. In multiple iterations since the 1990s, Tetch's *modus operandi* involves projecting his love of Lewis Carroll's *Alice in Wonderland* onto women who resemble the titular Alice in some form or fashion. Usually, this means that the women are white and blonde,⁹ although in *B:TAS*¹⁰ and

The New 52, the respective objects of his affection were actually named Alice on top of meeting these baseline parameters.

At his most sympathetic, Jervis is portrayed as a maladaptive daydreamer who struggles with loneliness and adores literature, a man who is isolated and misunderstood; at his most monstrous, he falls into the “depraved dwarf” stereotype (as he is usually drawn with short stature) either in terms of preying upon little girls (as in *Serious House*) or all attractive women in general (as in Gale Simone’s *Secret Six*). This violence is often attributed to the excessive use of psychotropics and/or paranoid schizophrenia (a diagnosis he receives explicitly in the Arkham videogame series). The Hatter is generally characterized by his obsessive interests, as is true of the majority of the rogues’ gallery. A particularly unique feature of his monomania is a nervous tic which takes the form of quoting Carroll’s works in lieu of plain speech, thus connecting an insane, regressive character to a children’s story which is predicated on madness and populated by characters who actively identify as mad.

Along the same lines, the sexual violence towards women and girls in Jervis’s biography is most likely based on the torrid and sensationalized accounts of Lewis Carroll’s alleged pedophilia. Depictions of Jervis which float in the nebulous space between “misunderstood eccentric” and “lascivious predator” operate by generating pity for the lonesome bachelor and fear of the delusional creep all in one go. In both *B:TAS* and *Joker’s Asylum*, Jervis becomes infatuated with a particular woman and commences with stalking her for an extended period of time. He only attacks when the fantasy of romancing her is interrupted. In the former, this means discovering Alice’s boyfriend-cum-fiancé; in the latter, this means discovering that “Alice” is actually named Cathryn. At this point in either story, Tetch breaks out his signature weapon—various mind control devices—to facilitate kidnapping; the invasive nature of mind

control/hypnosis makes it an excellent allegory for sexual violence, and Jervis's attraction to his victims makes this parallel difficult to ignore. He abducts Alice in a last-ditch effort to "keep her," whereas Cathryn is seized and taken back to Tetch's apartment specifically to be murdered. He blames her for both his isolation and his relapse into compulsive killing. It is for this reason that he, ironically, elects to take her life as penance. "You *made* me drink the tea. You *made* me wear the hat. You would have been my *Alice*. Instead... you're just a girl named Cathryn. Just another *no one*. A girl to be *forgotten*. A girl to be *erased*" (Seikiewicz 16, emphasis and ellipses in original).

Up until this point, Tetch has spent the entirety of the comic fighting the urge to "drink the tea," an action which apparently triggers his episodes of violence. Batman arrives on the scene to protect Cathryn in the nick of time. After a brief chase sequence, it is revealed that Tetch is housing the bodies of five other failed Alices, all of whom Jervis apparently regrets killing. When faced with their corpses— all of whom bear uncanny post-mortem expressions— Jervis immediately devolves into a Gein-ish parody of domesticity. "Your tea... it's *cold*," he says, removing a white glove from one of the non-Alices' hands, "You *have* to drink your tea" (Arvid 20, emphasis and ellipses in original). In a moment of clarity, he cradles another dead Alice's face and begins to cry. "I didn't... I *didn't* want this. I'm *sorry*" (Arvid 20, emphasis and ellipses in original). It's the ego-dystonic nature of his murders which ultimately grants him pathos here; like Hans Beckert in *M*, Jervis does not *want* to drink



Figure 8: Jervis is confronted with his victims' bodies in Joker's Asylum.



Figure 9: Jervis's moment of lucidity in Joker's Asylum.

the tea, he *has* to. Despite its simplicity, this entry, spanning a total of 27 pages, strikes a complicated balance between pity for the tormented soul whose thoughts and actions have been hijacked by compulsivity and obsession and fear of the base madman who cannot control himself. Compare this to the pathos which Jervis earns in *The Animated Series*'s "Mad as a Hatter" (S1E24), all of which

stems from his solitude and romantic failures.

Another, more mundane explanation for "obsession as aberration," might be that people who have obsessive interests (for example: individuals with neurodevelopmental disabilities may hyperfixate on "special interests" or security objects) and express them on a regular outward basis may be off-putting for their apparent lack of social graces. A person who adores *Batman* comics may bring them up repeatedly in conversation, shoehorn them in where they aren't relevant/appropriate, or show diminished interest in anything else, all to the dismay of friends, family, clientele, and co-workers. Simply put: people who maintain consistent obsessions seem weird to others. It's natural to feel suspicious of oddities, because odd behavior can look an

awful lot like deviant behavior. Ed Gein was the unassuming “village oddball” once; every now and then, a village oddball turns out to be a village *psycho*.

With that said, heroic obsession is another animal entirely. The difference between Batman’s obsession with crime and his rogues’ sundry fixations is practicality. Batman’s actions, regardless of their real world ethical complications, are framed as effective, necessary, and reasonable. Crime is bad, so it’s reasonable to want to stop crime. In *Batman*, and often in fiction in general, this issue is scrubbed clean of nuance for marketing purposes, but it’s as natural to say, “crime is bad” as it is to say, “cancer is bad.” Wanting to minimize collateral damage is normal, just as fixating on a looming threat is normal; if your home is being staked out by a violent stalker, it’s only be natural that you’re rather *obsessed* with that stalker’s whereabouts. On the other hand, wanting to inflict chemically induced panic upon throngs of random passersby to feel in control of fear itself—wanting to perpetuate plant life by destroying human life—wanting to take expensive things that don’t belong to you because they’re shaped like cats—is neither constructive nor does it make sense. These obsessions are not motivated by reality, they’re motivated by happenstantial personal investment in seemingly bizarre variables: fear, plants, and cats. This may also account for why many comic book villains are “Doctor *this*,” “Professor *that*.” The alchemical power of a chemist or medical doctor combined with the zealous focus of a dedicated academic (particularly one with an abstract or esoteric interest) makes for an individual who is both formidable and somewhat moonstruck, ergo: a potent threat. This threat—the dangerous nature of one who cannot control their own behavior, body, or mind—is potent in narratives which encourage distrust of the mentally ill. Fortunately for those writing such stories, mental illnesses which engender feelings of lost control are not in short supply.

Chapter Three: Identity & Duality

Perspectives on DID

As with OCD, we must first examine the different varieties of multiple personalities acknowledged today before we can analyze their place in popular fiction. DID is a source of distress and dysfunction. It is something from which its victims suffer; it is something predicated by trauma. The defining symptom of DID is the presence of two or more personalities residing in one brain, but some argue that the presence of multiple personalities in itself is not necessarily a sign of mental sickness (American Psychological Association).

With the advent of the internet, self-identified “plurals” have been able to organize a community and some general para-clinical terms used to describe the ins and outs of their shared experiences According to a blogger writing under the handle The Collective Solipsism,

Multiplicity is the state of there being more than one person in a single body. A system refers to the group of people in a body. The people in a system can be as different as any two people in different bodies; they may have different hobbies, skills, identities, ages, etc. A body can begin its life as a multiple system, or one may develop multiplicity later in life for a variety of reasons—or for no known reason at all. Systems can range from as few as two people living together, to as many as hundreds. People within a system may be able to communicate or share memories, or they may not be aware that there is anybody else in the body at all; likewise, they may organize themselves in governments or other hierarchies, or they may not—in some cases, they may be actively hostile against others in the same body. In short, there is a wide variety of types of multiplicity: No two multiple systems are alike. (“Frequently Asked Questions,” *healthymultiplicity.com*)

When represented in fictional media, multiple personalities (textually diagnosed DID or otherwise) fills two narrative slots. The first is that of a real-world psychological phenomenon being portrayed on a literal level, and the other a living metaphor employed to illustrate the host's duplicitousness, the duality of man at large, or some other metaphor of the kind. In the early 20th Century, psychoanalysis became a popular framework around which storytellers arranged their characters, plots, and symbolic images. One psychoanalytic idea which carried over into pop culture is the Jungian concept of the Anima or "shadow self," which carries over nicely into multiple personality stories. The intersection of DID and Jung usually concerns the host personality embodying one extreme (often, this extreme relates to morality and/or decency) where their alter (they usually have only one) embodies their polar opposite (some shade of depravity). The most famous example of the Anima-alter in popular fiction comes to us from Robert Louis Stevenson's *The Strange Case of Dr. Jekyll and Mr. Hyde*,

The Strange Case of Dr. Jekyll and Mr. Hyde itself has been consistently popular as a subject of adaptation. No decade in the 20th Century has gone by without a cinematic retelling of Stevenson's classic, a trend which has yet to peter out in the 2010s. The Jekyll/Hyde story has become a major fixture in our culture's popular consciousness, garnering dozens of adaptations across all media platforms: film, television, radio, stage, music, even unofficial sequels and reimaginings (many of which are quite reminiscent of modern fanfiction in retrospect). This says nothing, of course, about the endless parodies, erotic spoofs, and homages Stevenson's dynamic duo have garnered in the last 132 years. Jekyll and Hyde have also been directly referenced in *Batman* comics several times, including Paul Jenkins's 2005 title *Jekyll and Hyde*, and Jim Shooter's "The Jekyll Hyde Heroes" (1986) of the *World's Finest Comics* run. The latter

featured Batman ingesting a potion similar to the original Dr. Jekyll's formula and morphing into Two-Face. Both of these publications, in fact, prominently feature Harvey Dent/Two-Face.

In the vast majority of Jekyll and Hyde adaptations, a visual and physiological change takes place in the host (Jekyll himself or otherwise) to signify his emotional and moral transition. This dates back to Stevenson's original work, in which the good doctor is described as "...a large, well-made, smooth-faced man of fifty, with something of a stylish cast perhaps, but every mark of capacity and kindness—you could see by his looks that he cherished for Mr. Utterson a sincere and warm affection" (23), whereas Hyde "...was small and very plainly dressed, and the look of him, even at [a] distance, went somehow strongly against the watcher's inclination" (17) who shrinks back and hisses when approached by Utterson. It is not enough for Jekyll's body to remain stable while Hyde is out; Hyde's moral turpitude must be signaled via visual shorthand: a new, strange body and overt, exaggerated behavioral changes. This is as true in the original text as it is in later adaptations of Stevenson's work and in most examples of the ensuing Jekyll/Hyde trope in general.

Explicit DID in Popular Horror

As with the other psychiatric conditions examined here, representations of DID in horror and crime fiction can either be coded or explicit. If the more extreme varieties of this trope appear as Mr. Hydes, unambiguous DID creates a monster out of everyday household items: apparently normal individuals, secretly possessed by private follies made conscious. Hitchcock's Norman Bates is naturally among the upper echelon of multiple personality killers in fiction, who—in Gein-ish fashion—strove to resurrect his deceased mother by embodying her., Bates is as a "mind [that] houses two personalities" by a criminal psychologist, Dr. Fred Richman (Simon

Oakland), at the end of the film. When asked if Bates is a murderer, Richman responds enigmatically: “Yes. And no”; he determines that the true culprit is “the Mother half of Norman’s mind.” Norman himself was only her reluctant accomplice. In describing Bates’s troubled mind, Dr. Richman relies heavily on Freud’s Oedipal complex to explain his motivations and presents inter-personality conflict as an inherent part of life as a multiple system member: “Norman Bates no longer exists. He only half-existed to begin with. And now, the other half has taken over, probably for all time... When the mind houses two personalities, there’s always a conflict—a battle. In Norman’s case, the battle is over, and the dominant personality has won.”

A more recent case of the “DID killer” in fiction is Kevin Wendell Crum (James McAvoy) in *Split* (M. Knight Shyamalan, 2017). Kevin is the victim of an unspecified form of child abuse, and, in response, he has developed twenty-three alternate personalities. Most of these alters are described as functional, stable, and decent; four of this group— Patricia (an eccentric British woman), Dennis (a pedophile with explicit contamination OCD), Hedwig (a suggestible child), and The Beast (an amalgam of predatory zoo animals brought forth by the other three undesirables to protect the system and Kevin)—are considered malevolent. *Split* exploits the DID killer trope and the longstanding Western appraisal of the insane as conduits for “unchained animality [that can] be mastered only by *discipline* and *brutalizing*” (Foucault 75, emphasis in original). It further links madness to monstrosity and magic by creating a plot device of Kevin’s full name: Kevin can be brought to the front (or “the Light”) from headspace if his full name is spoken out loud. The point of *Split*’s “madness as magic” through-line is driven home by The Beast’s remarkable physical prowess. He scales walls, bends iron bars, and withstands being shot point-blank several times in a row. This film’s central thesis is that “the

broken are more evolved,” as Kevin would not have developed his supernatural powers had he not sustained overwhelming psychological trauma. Unfortunately, this results in both the glorification and the demonization of mentally ill persons, both of which are singularly dehumanizing. Perhaps most unfortunate here is the suggestion that the mentally ill—specifically PTSD and DID sufferers—are ticking time bombs, ready to misuse their biological superiority at any time.

Dissociated Identities in Cape Comics

Before getting back to *Batman*, I would be remis to neglect the notable instances of multiplicity and DID in superhero comics at large. The “secret identity” trope is a mainstay in cape comics, and with it comes characters— both heroic and villainous—who are forced to juggle two or more public identities. This, as identified by Jose Alaniz in *Death, Disability, and The Superhero: The Silver Age and Beyond*, easily melts into representations of DID (both coded and explicit) and identity confusion in general. DID heroes tend to linger in moral gray areas in cape comics; they are also fairly uncommon in comparison to the prevalence of DID villains. This seems like a natural logical leap in view of the DID stereotypes that abound (e.g.: people with multiple personalities are struggling morally and ethically; their behavior is erratic, because their “good” and “bad” personalities are constantly squabbling for control of the body). A great number of real life multiple systems are, in fact, cooperative and communicative groupings, but the emergence of disruptive and even sinister personalities is not uncommon either.

The potential conflicts that can take place in such an extreme crucible as “two opposed people sharing one body” is, naturally, ripe for the writing, so it comes as no surprise that it recurs in fiction more often than “two people who get along sharing one body.” This is why

Batman enjoys such a great host of supervillains who struggle in this way. Explicit DID takes root in Harvey Dent/Two Face, Arnold Wesker/Ventriloquist, Peyton Rylie/Ventriloquist II, Shauna Bellzer/Ventriloquist III, Jeph Loeb's Jonathan Crane/Scarecrow, and *Gotham*'s Edward Nygma/Riddler. The allegorical variety of DID appears in the form of shapeshifters like ManBat and Clayface (a legacy name shared by at least eleven different characters), and characters who dissociate from themselves in a more general sense, like Maxie Zeus (who believes he is the Greek God Zeus), Jane Doe (who assumes the identities of others via method acting), Charlatan (an actor hired to play Two Face who received his own horrific facial burns and assumed his character's identity), and Baby Doll (who swaps back and forth between being "herself" and a character she played on a sitcom).

The Mirror

One of the defining attributes of the *Batman* franchise is its focus on personal identity. The majority of *Batman*'s key players divide themselves into a minimum of two pieces: the civilian identity and the masked criminal/crusader. Given this, and *Batman*'s close relationship with psychoanalytic references, mirrors frequently appear in scenes as symbols. The purpose of the mirror, in these cases, is usually to introduce some level of self-recognition in the reflected party, looking into him or herself wearing a costume, not wearing a costume, distorted on a warped surface, shattered into fragments, visibly injured or disfigured, or in any number of states which might precipitate an epiphany.

Harvey Dent's fixation upon selfhood, duplicity, and binaries— not to mention his traumatic facial scars— ensures that he is often depicted gazing into or adjacent to mirrors. DC's story boarders and writers often present these images with a wink and a nod, especially during

his various origin stories. One of his most beloved iterations comes from *Batman: The Animated Series*, in the episodes “Two Face Part I” and “Two Face Part II,” (S1E17 and S1E18), which borrows heavily from his first appearance in “The Crimes of Two Face” (Finger & Kane 1942). In both versions, Harvey Dent (or Harvey Kent, as he was initially dubbed) is Gotham’s successful, popular, and ethical District Attorney. His transition into villainy begins through his response to the trauma of receiving life-threatening chemical burns: Harvey replaces all active decision making with a coin toss, relying upon learned helplessness and fate, rather than his prior moral code. Thus, his body becomes a battleground where his “good” and “bad” sides wrestle for dominance. In exchange, Harvey must abandon his beloved fiancé (Gilda for Kent and Grace for Dent), his political career, and his friendship with Bruce Wayne. The main differences in these two versions of Harvey derive from the cause of his burns and the origins of his internal moral war.

B:TAS’s Harvey Dent struggles with his alternate personality from the beginning of “Two Face: Part I.” Before he suffers his facial burns, he suffers from recurring nightmares in which Big Bad Harv chases him, and the root of his toxic alter is explicitly stated twice: once by his therapist, and once by mafia kingpin Rupert Thorn, who has stolen Harvey’s psychiatric file in order to blackmail him. He chauffeurs Dent to a secluded room in a chemical plant along with a troupe of hired muscle and reads aloud from the file:

It says here when Harvey was a little boy, he was bothered by a bully. Every day, the bully would bug him after school, ‘til one day, Little Harvey got so mad he slugged him one. Of course the bully ran away, which made Little Harvey feel very proud, until he hear the bully was in the hospital... except the guy was in the hospital for appendicitis!

But poor Harvey felt so guilty, he never showed his anger again. And that was the start of Big Bad Harv.

Much of this episode revolves around Little Harvey's shame regarding his condition and his fear that his constituency will abandon him if the secret ever goes public. Thorn's taunting threats enrage Little Harvey until he reaches his breaking point, and Big Bad Harv takes the helm in his stead. A brawl ensues, and Batman arrives just in time to participate. Ultimately, Thorn flees through the warehouse into a large room lined with vats of bubbling chemicals and a power supply labeled "DANGER. HIGH VOLTAGE." Big Bad Harv gives chase; one of Thorn's goons fires a machine gun at his heels, only to catch the power box instead. It malfunctions, and a live wire connects with one of the vats' contents. The concoction explodes, which sends Harvey flying and knocks him unconscious. Thorn escapes while Batman recovers the DA, responding to his injuries with wide-eyed horror.

In the scenes that follow, Harvey reclines in a hospital bed with his face hidden behind several layers of bandages. On a rainy night, his doctor removes them with a gentle smile. "Now you understand there's going to be some scarring, but I've already scheduled with a surgeon," he says. However, bedside manner fails him when Harvey's visage is revealed; he and the nurse at his side both recoil at the sight of him. Harvey (Big Bad Harv, judging by his voice) demands a mirror. When his doctor refuses, Harvey seizes him by the collar and flings him across the room. He looks into the first mirror he can find and produces a guttural, animalistic wail. When he rushes out into the hall, his fiancé is waiting for him with an armful of roses. She faints at the sight of him, and Harvey flees through a nearby open window. Thus, his emotional transformation into Big Bad Harv has solidified to match his outward appearance.

The original Harvey Dent, meanwhile, did not so much house multiple personalities as he succumbed to learned helplessness and moral weakness. He is, however, closely linked to Dr.

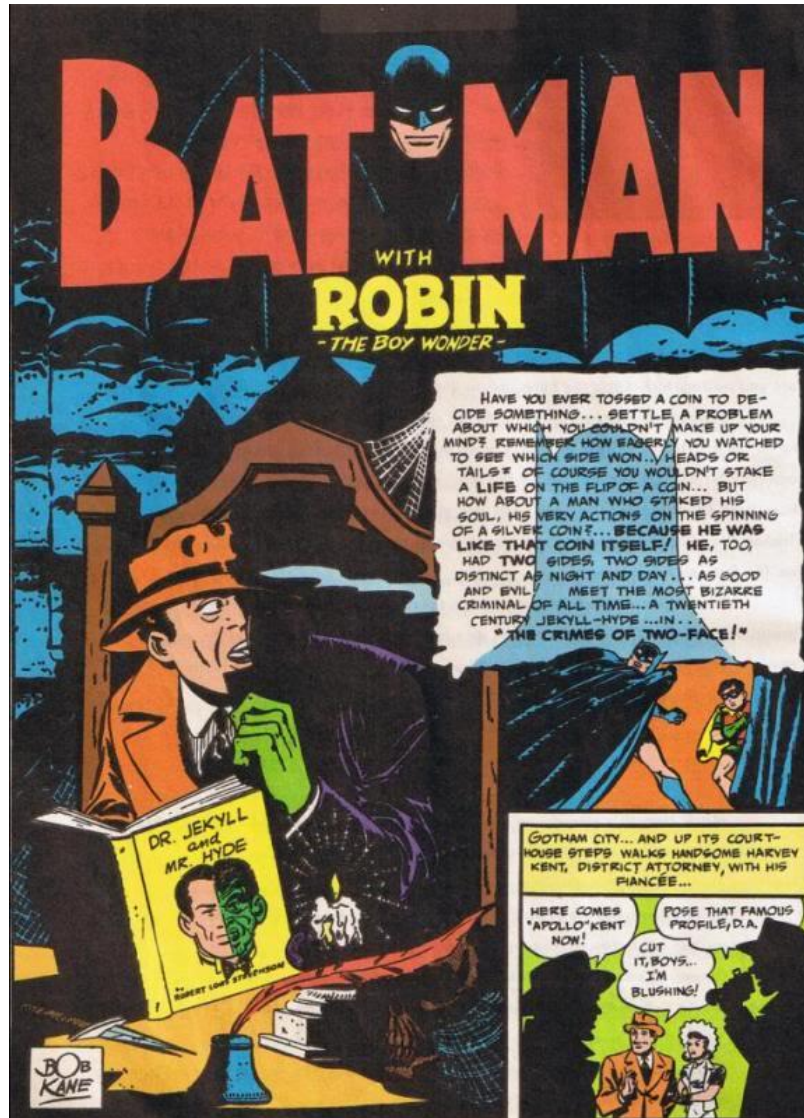


Figure 102: Two Face's first canon appearance.

Jekyll and Mr. Hyde from his very first appearance. On the cover of Detective Comics #66, Harvey is reading the original Louis Stevenson story by candlelight; half of his face is cast in shadow, and the image on the book is a man's face with one handsome side and one ghoulish green side (this mirror's Two Face's initial character design). The original cause of Harvey's infamous scars is still acid burns (concentrated vitriol, to be specific), but this time, it's splashed on his face in court by

mafioso "Boss" Moroni. Again, Batman is there to protect Harvey from death, but not from disfigurement.

The birth of Two Face in 1942 isn't as instantaneous as that which occurs in 1992, but the ingredients are the same: the judgement he faces from strangers, his fiancé's initial shock, and the sight of himself in the mirror. "Who... what am I? I'm not a man! **I'm half a man...** beauty and beast... good and evil! **I'm a living Jekyll and Hyde!**" (Finger 4, emphasis in original).



Figure 11: Two Face's first origin story.

The only key difference left between Dent and Kent is that the former loses himself to a second, distinct consciousness; the latter simply freezes up in the face of adversity and relinquishes himself to

chance. His final willful act before turning to his first, defining coin toss is to shatter the mirror in which he sees his split face reflected.

Here, we see a pattern emerging: Batman villains, as a group, share a central motivation for their criminal behavior, one which usually stems from more than a simple desire for vengeance on society at large; it's an unstable self-image permeated by insecurity. These characters were created this way purposefully, partially because insecure characters hiding behind bravado are traditionally implanted into narratives to incur antipathy in audiences, but also because those are Bruce Wayne's selfsame motivations for becoming Batman. Bruce Wayne grew up believing that he could have and should have "saved" his parents from their violent deaths; the trauma plagued and stunted him. The central difference between Batman's reaction to this powerlessness and his rogues' reactions to their own personal versions of that powerlessness is that Wayne's compensatory tactics are framed as both noble and effective. He embodies traditional masculine strength and discipline. He's intelligent, pragmatic, controlled, wealthy, and hardworking. His rogues are, conversely, not. Many of them are scientists, STEM fielders, and/or academics— adult pastiches of quivering nerds: Jervis Tetch the neuroscientist and literature enthusiast, Jonathan Crane the pharmacologist and psychologist, Edward Nigma the computer engineer and logician. Harvey Dent's once proud, masculine benevolence is twisted by his alter, who is both horribly violent (masculinity gone awry) and sporadically passive (folding to the whims of fate, like a traditionally feminine woman— like a stern, powerful man's anima might be). Mirrors are so beloved by Batman writers because they serve the Jungian nature of the central, interpersonal conflict: Batman constantly facing down his own dark side within himself and personified around him.

Bruce Wayne and Harvey Dent; Batman and Two-Face

Of all of Batman's rogues, Two-Face is the most recognizable as a DIDER. It's baked into his very character design, even more so than his many colleagues and foes juggling multiple personas. Once Harvey Dent receives his fated acid burn (usually at the hands of some Gotham-based Mobster or another, depending on the iteration), he can never fully remove his costume, though the promise of plastic surgery and psychiatry has kept his character arc looping for generations of *Batman* writers. Harvey Dent's fall from grace mirrors the jeopardy Gotham City is in on a daily basis. Crime is constantly sited as its worst obstacle. In *Batman: The Animated Series*, Christopher Nolan's *Dark Knight* trilogy (2005, 2008 and 2012), and Jeph Loeb's *The Long Halloween*, District Attorney Harvey Dent is the city's political champion, defending his people from violence and corruption within the parameters of the law. Meanwhile, Batman sweeps the street as an anonymous vigilante. Often canonically nicknamed "Apollo," pre-Two Face Harvey Dent is Gotham's golden boy and a natural complement to Batman and his grim methods. When the hope of Gotham succumbs to the violence and madness he originally struck out to defeat, it reflects Gotham's decent into corruption. The narrative suggests that Dent is strong and disciplined but not strong enough to defeat his own personal Mr. Hyde—all of the things about himself that he hates and represses to the point of severe mental illness. Batman, may not be powerful enough to recover either Gotham or Harvey Dent in full, but he is strong enough to keep them both in check while simultaneously steeling himself against his own trauma and its resulting potential for "madness."

Just as Dent is constantly battling himself, Batman also literally battles himself in the form of fully manifested proxies. For one, he faces Jungian reflections of himself in the form of his rogues on a regular basis, but even more on the nose, Batman engages in combat with actual

copies of himself regularly. These Bat-dittos include robotic look-alikes, dream-selves, and shapeshifters manifesting as either Batman or Bruce Wayne, depending on the circumstance. He also does frequent battle with the grotesque Manbat, whose very name is an obvious reflection of Wayne's chosen title. Each different type of Batman simulacrum serves its role in the narrative. In *B:TAS*'s "Perchance to Dream," (S1E26) the Mad Hatter traps Wayne in a "dream machine" which realistically simulates its victim's wildest fantasies. Wayne's desires are obvious enough: his parents never died, he's engaged to marry Selina Kyle (who never became Catwoman), and someone just as competent as he is has taken on the burden of being Batman. Not only does our un-costumed Bruce see through this ruse by the end of his first day with it, but at the height of the episode, he spars with the dream world Batman on the top floor of a chapel bell tower.

Aside from the visual wordplay (bats in the belfry), this is a clear metaphor for Bruce Wayne "wrestling" with the urge to abandon his cruel reality for a pseudo-psychotic Heaven. It's also symbolic of his shaky personal identity. Who is Bruce Wayne if not Batman? In his confused state, Bruce spends the episode having violent mood swings, breaking things, resisting arrest, and behaving erratically enough that both he— and probably a good portion of *B:TAS*'s viewership— is convinced that his experiences in *medias res* are the real world, and all of his memories up until now are, as his dream world doctor tells him, a dissociative delusion. Were that the case, his behavior throughout the episode wouldn't be out of place as one of his rogues' backstories: a spoiled rich boy has a psychotic break, becomes obsessed with Batman, and challenges him to a violent brawl. This is how an unfulfilled, half-dreamed Bruce Wayne has to defeat an imagined version of himself— which is piloted by a madman—in order to claim his rightful role as a person he apparently never wanted to be in a reality that traumatized him. This is, perhaps, reminiscent of the dream sequence that opened "Two Face Part I," in which Little

Harvey is pursued by Big Bad Harv, cowering as his violent alter overtakes him. In short, Bruce Wayne is sane because he chooses to be, while his rogues are insane because they succumbed to weakness and folly. Wayne is strong enough to fight himself and win where even the stalwart Harvey Dent is consumed by trauma and madness. This says nothing of Batman's hoard of enemies who are framed with much less respect. The takeaway from that is as follows: not only must one repress and evade his psychoses to be good, but he must be supremely disciplined, masculine, and virtuous to do it. If you feel Mr. Hyde's hand on your shoulder, don't think twice; beat him into submission.

Chapter Four: Visualizing Stigma

Stigma Theory

Stigma theory was originated by Erving Goffman in his seminal sociological text, *Stigma*, in which Goffman explores the social dimensions of physical disability in a turn which remains relevant in disability studies to this day. He opens his first chapter by tracing the linguistic and historical genealogy of the term “stigma” itself:

The Greeks, who were apparently strong on visual aids, used the term *stigma* to refer to bodily signs designed to expose something unusual and bad about the moral status of the signifier. The signs were cut or burnt into the body and advertised that the bearer was a slave, a criminal, or a traitor— a blemished person, ritually polluted, to be avoided, especially in public spaces. (1)

The modern-day definition of stigma is less physicalized and more sociological. Some stigmatized groups— members of marginalized races and genders, those who wear overt religious paraphernalia, or the noticeably physically disabled, for example— can be identified on sight, but the heart of stigma is not born in *visual* identification and so much as it deals with identification in a more general sense. Some stigmatized groups are not immediately detectable, and thus must be somehow separated from the hegemony. Consider the long European tradition of ghettoing Ashkenazi Jews and regulating their clothing, or the persistent confinement of the mentally ill and destitute. Binary trans people are expected to pass as cisgender or else suffer disrespect and threats of violence; immigrants are expected to culturally assimilate or face similar consequences.

The stigma experienced by the modern-day mentally ill, meanwhile, is a less visual one. It is relatively easy to navigate public life so long as your “impolite” behaviors—compulsive

actions, inappropriate reactivity to stimuli, noticeable engagement with hallucinations, poor focus etc.— are stifled. To evade unwanted attention, one must put effort into passing as neurotypical via visible actions (or lack thereof) rather than visible appearances. The former is comparatively inscrutable, as abnormal behavior is more difficult to pin down than abnormal looks.

As Garland-Thomson, one of the earliest to apply a Visual Studies model to disability, succinctly phrased the matter: “To be recognized, one needs literally to be seen” (2009: 194). Such an emphasis has had a profound effect on the development of [disability studies]... visibility became the predominant discursive frame for examining, arguing or critiquing disability as a cultural construct. As Garland-Thomson put it: “The visual— whether it is looking toward or away— is the major mode that defines disability in modernity.” (Alaniz 27)

One glance at the amputee betrays past physical trauma. One must watch the signs of inadequately concealed mental illness— trichotillomania, open reactions to hallucinations, full-blown meltdowns— for a moment or two before the information adds up. Either way, the state of being seen is at the heart of both blatant and “invisible” disability.

In his video essay “Between the Lines: Here Comes Honey Bo Boo,” Kyle Kallgren refers to the act of displaying non-hegemonic persons for entertainment purposes as “the perverse spectacle of seeing.” He reflects upon the longstanding history of Barnum & Bailey-style sideshows and the social condition which befell the curiosities displayed there:

All of them were outliers from the white, able-bodied hegemony, and all of them displayed for their otherness. A negative self-definition for the audience member: “This is not me; I am not this; thank God I am not this.” With smugness, the viewer can see the

things that he is not... The sideshow is not gone, but it's unlikely to make a huge comeback, mostly due to a disposition called "political correctness"... but the practice has survived, albeit changed. The perverse spectacle of seeing only needs a new subject.

A great many things are off the table, so, what now?

Kallgren goes on to assert that those of disadvantaged economic status and/or social class are the most recent target of normative rubberneckers. I would also argue that the perverse spectacle of seeing also has a watered-down descendant in the form of fictionalized representations of disability. Viewing the fictionalized "freak"—in our case, the confined insane and the severely disfigured—is supposedly a victimless crime: the viewer enjoys all the thrills of seeing without imposing upon a real person. However, this unmitigated spectating still engenders the negative self-definition to which Kallgren refers, and this sense of separation from the othered group(s) does not exist in a vacuum; it leaks off of the page and into real life social interactions. This is especially true when the story's moral center concurs with our fascination and disgust and projects it alongside us as we read or watch in real time. There lies one of the most crucial problems with *Batman*.

Appearances and Branding

At this time, I would like to propose a name for the trope in which a physical tell appears as a shorthand flag for its fictional bearer's stigmatized behavior: branding. Branding applies specifically to a bizarre psychological trait or sociocultural abnormality which is framed as a curiosity worth perversely seeing in spite of its real-world invisibility. A brand is not usually something which appears at birth, like the Shakespearean Richard III's humped back; it usually comes in the form of a scar, an amputation, or another dramatic, negative change to the branded

party's outward appearance. The brand appears as a form of cosmic punishment or arises to indicate a point of no return: something has been done by or to the branded party which results in a Greco-Roman stigma that will forever betray any combination of atypical traits: immorality, madness, trauma, and/or poverty. A classic example of this is the villainous character with a scar over one eye: he wasn't born with that marking, but he likely acquired it while engaging in evil acts or in a moment of formative violence which warped him psychologically, effectively "turning" him evil. "...Supervillains— following the Gothic tradition of revealing the inner deformity of the soul through the disfigurement or spectacular otherness of the body— simplistically reify the ableist reader's unconscious anxieties and prejudices regarding difference..." (Alaniz 56). The combination of an uncanny, asymmetrical face and the unpleasant history reported by facial scarring may cause the viewer discomfort. When the visuals are executed skillfully, such scars will draw the eye naturally, and the association between this villain and his striking cicatrix will be calcified. The character is now a rendered icon whose appearance matches his inner wickedness.

The brands stamped onto fictional characters can be accompanied by or even swapped out for a recurring behavioral tell. As stated before, an aberrant action is not as concrete as an aberrant physical attribute. However, the former is still liable to attract stares if it is overt enough.

Staring is the social relationship that constitutes disability identity and gives meaning to impairment by marking it as aberrant. Even if disability is not apparent, the threat of its erupting in some visual form is perpetually present. Disability is always ready to disclose itself, to emerge as some visually recognizable stigmata, however subtle, that will disrupt social order by its presence. (2001: 347) Striking in this passage (besides the

phantasmatic, quasi-religious imagery) is Garland-Thomson's evocation of disability as inescapably— if at times only potentially— imbricated with the visual; the plainly legible physical markers of physical difference, such as hooks, prostheses, scarred flesh, a wheelchair, constitute the disability's "surface" manifestation. (Alaniz 28)

Before Harvey Dent received his telling scars in *Batman: The Animated Series*, we were already staring at him. He appeared in minor roles several times before "Two Face I," (S1E10) in which he served his function as the District Attorney. During these cameos, he can occasionally be seen flipping his iconic two-headed coin, a nervous habit which is later used to signal the emergence of Big Bad Harv as the body's frontrunner. Visual media like television, film, and comic books already encourage stares, but where we are presented with an in-text abnormality, the passivity of seeing fiction becomes more evocative of Kallgren's freak circus. Animation as a medium is already engineered for purposeful specificity. Every odd twitch on Dent's part was scripted, storyboarded, animated, and left in during the editing process. Whatever he—or any animated character, for that matter—does on screen specifically signals something. Thus, the coin-flipping habit serves to flag not only *who* will be branded in the future but *why* he will be branded.

Two Face and Physical Trauma

The birth of Two Face— alternately, the beginning of Big Bad Harv's reign over his body— is ultimately triggered by a physical trauma which leaves a permeant mark. The Harveys have a polysemous signifier for a face— a private history and psychiatric record laid bare in every frame he inhabits, no matter what the scene's current action is. Even in his most comedic moments, the scar that takes of 50% of his face perpetually reminds us of why Harvey Dent's body is here, brandishing an AK-47 and flipping a coin. Even in his reform and recovery arcs,

Dent is perpetually doomed to fail, just as Gotham is forever plagued with crime— just as Bruce Wayne never heals from his childhood trauma.

It seems that, the moment in which a character is physically traumatized serves as the physical act of branding in a literal sense— of being marked, labeled, and filed under a new signifier. Harvey Dent doesn't become Two Face until he gets his scars; Pamela Isley doesn't become Poison Ivy until she is poisoned by her mentor, which turns her green and grants her the power to commune with her beloved plants; Victor Fries doesn't become Mr. Freeze until he is subjected to the cryogenic chemicals that kept his wife alive, turning him blue and causing him to literally “freeze over” with grief. In another example, Dan Slott's Warren White does not truly embody his moniker, The Great White Shark, until he is physically marked as such: during his stay at Arkham, he receives several horizontal cuts on his neck (“gills”); his hair falls out, his skin is bleached, his nose falls off, and his teeth shatter. He embodies the ruthless, grinning predator he was nicknamed for as a civilian and will become as a costumed criminal. This type of transformation is comparable to— but not the same thing as— Richard III Syndrome, through which the character's requisite physical tell(s) are pre-established from birth.. Whether a character is born wrong or *branded* as wrong, the result is equally fatalistic.

Wearing the Signifier

Many of Batman's foes are noticeably deformed in some way, but for those who aren't— or at least, those whose oddities are not on the extreme side of the spectrum—flamboyant costumes serve a similar function. A fine example of this is Edward Nigma, who by and large looks the same from iteration to iteration: a white man with brown, black, or red hair; he is of relatively normal height and weight. He rarely bares unique markings, although in some recent

iterations, like *The War of Jokes and Riddles*, Nigma labels himself with a garish question mark shaped scar. This is perhaps an even more overt version of branding, however self-inflicted, and a manipulation of real life psychiatric problems (i.e.: self-injury and impulse control deficits) for Jungian shock value. Instances like this, however, are the exception and not the rule in the Riddler's history.

A counterpoint is that of Shane McCarthy's Riddler in *Low Part Three*. In this comic, Poison Ivy tracks and brutalizes Nigma in



Figure 13: Poison Ivy attacks The Riddler in Low: "Part III".



Figure 12: Eddie's scar in *The War of Jokes and Riddles*.

the rain,
meanwhile
berating him:
"You're *not*
one of us! Two-

Face, Joker, Killer Croc... we're the *real* freaks! You're *nothing*!" (McCarthy 8, emphasis and ellipses in original). Here, Isley is apparently incensed that Riddler is lumped in with herself and the other outwardly "freakish" rogues where he is a mere eccentric. She is accusing him of reclaiming an identity that is not his. When Ivy tears his signature tie off—the one which bares his trademark colors and

question mark— she holds it up and says, “Look how *easily* I remove your mark! It’s *Nothing!* Cloth! Thread!” (McCarthy 8, emphasis in original), implying that his costume is his best emulation of a visible marker of his outcast status.

If we accept the notion that The Riddler flags himself as atypical via costuming, the use of the question mark as a signifier becomes central to his character. The image that he has chosen to represent himself (or, if you prefer, that his creator and writers have chosen for him) is the standard Latin symbol for confusion, vagueness, and the unknown—a void where information and understanding should be. Though he was originally written as more of a trickster than a neurotic, The Riddler’s personality morphed to match his signature glyph, and he became both the holder and seeker of answers, driven by a desire for knowledge and certainty. It seems natural then, that he would go on to be both canonically and coded OCD with great frequency, as the hallmark of anxiety disorders (especially OCD) is discomfort and a cyclical desire to verify the facts: The obsessive-compulsive spectrum is naught but a waltz of the question marks— a longing for control which can only be maintained through unwaveringly objective knowledge. The problem for the obsessive is that there will always be a shadow of a doubt, and it is this real-life OCD trait that has consistently presented itself in our canonically diagnosed OCD character. Over the course of his fictional biography, The Riddler has become his logo, no matter how campy his beginnings were.

Another example of wearing the signifier comes in the form of Jonathan Crane/The Scarecrow and his motley costume. Most versions of The Scarecrow character design involve ragged clothing and a burlap mask. In the last thirty or so years, it has also become common to add a noose around his neck. The alter-ego underneath the mask is traditionally tall (sometimes in the extreme), unhealthily thin, and craggy-faced. Some recent versions of this character,

especially after Cillian Murphy's performance in *The Dark Knight Rises* (2012), offer the reader a more classically attractive visage, while the *Arkham Asylum* videogame series has doubled



Figure 14: A teenaged Jonathan Crane is bullied for his appearance in *Batman: Year One*.

down and made Crane monstrous in the wake of life-threatening physical trauma. Still, the earliest and most influential versions of Crane make plot-points of his explicit ugliness, financial insolvency, and/or oppressive rural youth.

Since his first appearance in 1941, Crane has been portrayed as the odd man out in his social groups. His fellow professors omit him from social gatherings, characterize him as “positively weird” (Finger 1) and shabby looking due to his threadbare clothing. As with many of his later iterations, Crane feels persecuted and is labeled a “scarecrow” by those around him, due to his odd appearance. “So I look like a **scarecrow**— that will be my symbol— a symbol of

poverty and fear combined! The perfect symbol... the **Scarecrow!**" (Finger 2, emphasis and ellipses in original). He repeats this mantra again in Dennis O'Neil's *The Scarecrow's Trail of Fear!*, affirming the character's status-quo and general composition; to this day, most Jonathan Cranes/Scarecrows circulating in canon are some shade of impoverished, outcasted, resentful, and/or odd-looking.

Similar to the treatment of Eddie's tie in *Low*, Crane's costume is also explicitly singled out as a "mark" of its wearer's personal identity. Instead of deflecting his doubts by donning a smart, brightly colored suit to assume the persona of *one who knows*, Crane reclaims the negative epithets foisted upon him by embodying the things which make him suffer: poverty, ugliness,



Figure 15: Scarecrow's origins in "The Scarecrow's Trail of Fear!"

and fear. In *Batman: Arkham Knight*, the most recent of the "Arkhamverse" videogames, Crane is seriously injured by a fellow asylumite. After an extended leave of absence, he was presumed dead by most. Over the course of his truancy, Crane's face is surgically reconstructed, but he

remains permanently disfigured; in this continuity, his face currently resembles his original burlap mask. It is made explicit over the course of the game that this was not the result of malpractice, rather, it was a choice made at Crane's behest. Making a stigmatic brand out of a costume is apparently his way of "deleting" Jonathan Crane and fully inhabiting the role of The Scarecrow. Moreover, it is the writers' way of indicating his depravity, both through his actions and his face.

It is worth mentioning that villains are not the only Gotham players who cover themselves in wearable stigmata. Obviously, Batman has a costume of his own— one which is evocative of a lurking threat cast in darkness. The widely accepted explanation for why Bruce Wayne selected the bat as his symbol comes to us from *Detective Comics* #33, in which he famously states: "Criminals are a superstitious and cowardly lot. So my disguise must be able to strike terror into their hearts. I must be a *creature of the night*, black, terrible..." (Finger 3).

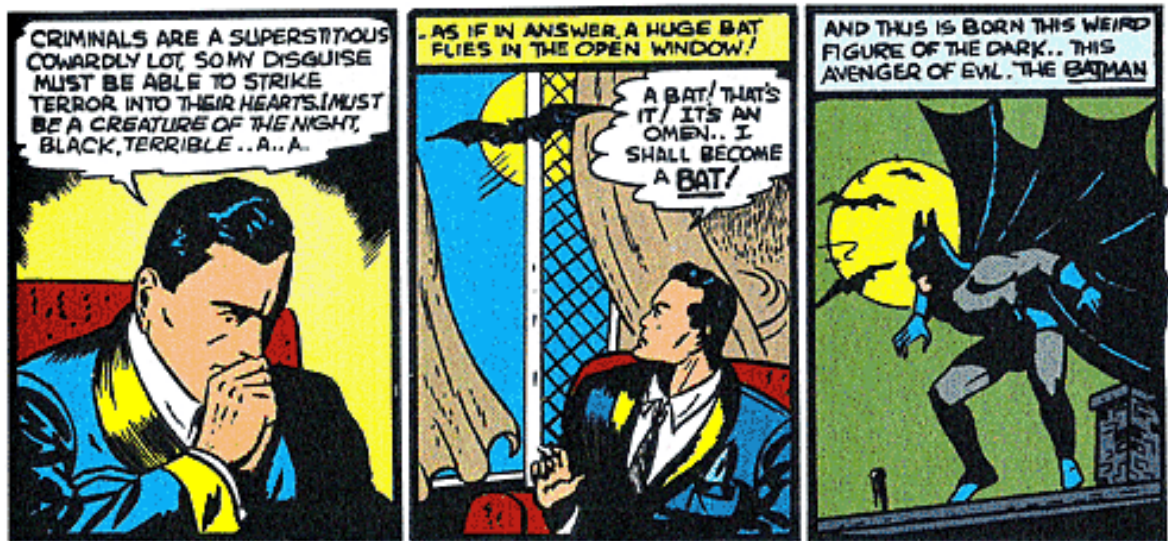


Figure 16: Bill Finger's highly popular Batman origin story.

Much like Jonathan Crane, Bruce Wayne aligns himself with fear to the extent that he appears to identify with fear as an entity and thus, endeavors to embody it. Both repurpose their own traumatic experiences and chronic struggles with fear as weapons to wield against their

enemies. The key difference is that Batman targets “criminals,” whereas Scarecrow targets anyone and everyone. The narrative function that Scarecrow, like the other members of Gotham’s criminal and insane outgroups, serve is to exist as an acceptable target of Batman’s ire. Madmen and criminals are implicitly lumped together and packaged into a box labeled “not Batman,” and presumably, “not the reader.” The stigmata that Batman wears is, at face value, indicative of his “dark side,” especially when compared to his brightly colored, upbeat super-cohort: Wonder Woman, Superman, The Flash, Green Arrow, etc. However, this explicit anti-hero window-dressing also embodies a contradictory function in that it offers us Kallgren’s negative self-definition— or negative bat-definition, if you will. Batman is able to flirt this dangerously with darkness, madness, and criminality because he’s already been framed as the hero. No matter how violent and traumatized he becomes in any given narrative, as long as he upholds an explicit banner of justice, humanitarianism, and anti-killing/anti-death, neither Batman nor Bruce Wayne will be subjected to the business end of his writers’ biased framing.¹¹

Stigma Made Flesh

Faces are gateways to personal identity. This is especially true in character design, wherein every physical detail is deliberately chosen for purposes of effective characterization. In a vacuum, the use of physical deformities as short hand for personality flaws is harmless. However, when this trope occurs again and again, across medial and generic lines over the course of centuries, depictions of facial disfigurement as an indicator of identity confusion and mental illness— which, in turn, is conflated with immorality and evil— leak into our social schemata. Thus, we wince, not only at the scars which suggest prior violence, but at their bearers too.

The inclusion of madness (mental illness/cognitive disability) and deformity (physical disability) as an aspect of *Batman*'s magical realism has paved the way for many writers to scapegoat disabled persons, be it intentionally or unwittingly. The inclusion of elements such as demons, retrofuturism, the Lazarus Pit, and the campy "cape comic vibe" (which will never be fully obscured by the Millennial emergence of *Batman*'s "gritty realism") allows DC Comics to rely upon their readers' potential suspension of disbelief. Simultaneously, employing realistic elements such as the possibility of death, references to official psychiatric diagnoses, and long-term plot continuity lends the series some gravitas that is otherwise absent from earlier cape comics. Illnesses such as schizophrenia, for example, can be invoked without any consideration of whether the term is being used sensitively and correctly, because the narrative is already steeped in fantasy; meanwhile, the unfavorable schizophrenic stereotype— that sufferers are creepy and violent Stepford smilers— is still in use to scare and titillate the audience. The disgusted fascination that true crime readers experiences when reading up on Ed Gein can be simulated here and compounded by the spectacle of seeing a freak. Best of all, the madness and deformities explored in *Batman* can be made as extreme as the writers and artists consider necessary without putting any *real* freaks on display. However, the distrust towards non-normative bodies and brains that *Batman* comics creators must generate in order to maintain their consensus narrative and commercial brand does not exist in a vacuum. DC Comics reaches a multitude of demographics across generations, as do their antiquated representations of mental illness.

Conclusion

Mental illness and its sufferers have long served as a scapegoat in Western society. Although madness is not contagious, the most common response to its victims since the dawn of the Modern Era is to corral and segregate them from the rest of society, for the assumed good of all involved. To this day, “asylum” has taken on a dark meaning where it was initially intended to signify hope and safety; the same is true of its modern synonyms: “psychiatric hospital,” “psych ward,” “mental hospital,” etc. These are places where horrors transpire, where the most animalistic of humanity’s number converge to be tormented by the doctors and nurses forced to put up with them. In the 21st Century, we look back and recognize that it was wrong to chain our mental patients to their beds or routinely subject them to electroshock, but we still can help but to see the efficacy in suppressing madmen. To this day, we rally around fictional heroes who make it their business to beat the insanity out of others, blow by blow; the only way we can justify the perpetuation of his story is to fall back on antiquated notions of mental illness.

As this thesis has demonstrated, some of the finest examples of horror that Europe and North America have to offer feature mental patients as the monster. We substantiate our boogeymen with the same quasi-scientific semi-motives over and over again: psychiatric labels. Be they specific (DID, OCD, psychosis) or generalized (insanity, psychopathy, an animal spirit), they all mount to the same clarion result: this person is violent because he can’t control himself, and he can’t control himself because he is mentally ill. The only way to protect ourselves is to confine him somewhere remote, along with his own kind. This is all very well for fictional people, but this presupposition permeates fiction and popular belief to the extent that it spills into reality as well. We are willing to accept schizophrenia as Edward Gein’s key criminal motivation despite the tens of millions of other schizophrenics who managed to navigate daily life without

committing atrocities. It is much easier to fear the mad than it is to fear becoming mad, and it is easier to fear becoming mad than it is to face the complexities of human behavior and motivations. We look to the mad with consistent fascination, but only from a safe distance— via fiction, documentaries, or for an hour on a Sunday afternoon— and we do this because we would prefer to look outward at an oddity than inward at the capacity for violence and aberrance.

I am not this. This is not me. Thank God I am not this.

End Notes

¹ A 2002 study published in the British Journal of Psychiatry proposed a positive but “small” correlation between violence and schizophrenia. The results of the study indicate that “the proportion of violent crime in society attributable to schizophrenia consistently falls below 10%” (Walsh, Buchanan, Fahey); this statistic is corroborated in several published studies from the last 15 years, including those which argue that “Patients with schizophrenia are significantly more likely than those in the general community to commit homicide offenses” (Sinclair). Dr. James Ogloff’s 2011 study “Schizophrenia disorders, substance abuse and prior offending in a sequential series of 435 homicides” firmly argues that “The association between homicidal violence and having a schizophrenia disorder cannot be explained away simply on the basis of either comorbid substance abuse or prior criminal offending” (Bennett, Ogloff, Mullen, et al), but even this data falls short of Walsh’s 10% mark at 8.7% (ibid). A 2014 study further revealed that, among criminals with schizophrenia, only 4% of those crimes were directly related to the disorder, and that the majority of this 4% were otherwise predisposed to criminal activity regardless of their psychoses: “The study didn’t find any predictable patterns linking criminal conduct and mental illness symptoms over time. Two-thirds of the offenders who had committed crimes directly related to their mental illness symptoms also had committed unrelated crimes for other reasons, such as poverty, unemployment, homelessness and substance abuse, according to the research. ‘Is there a small group of people with mental illness committing crimes again and again because of their symptoms? We didn’t find that in this study,’ Peterson said” (APA.org).

² 20th Century German Expressionism, much like German Gothicism of the classical period, is widely regarded as a key influence of both Noir and Horror cinema—two genres which, as I

argue, would go on to shape the look and tone of late 20th and Early 21st Century *Batman* properties.

³ It is worth noting that all of these terms have become both medically outdated *and* colloquially pejorative.

⁴ Creepypasta are internet horror stories which are usually posted anonymously on forums and presented as personal anecdotes. The name “creepypasta” is a pastiche of “copypasta,” which refers to the copy/paste method of proliferating the genre’s most popular iterations.

⁵ As it currently stands, psychopathy is not a recognized psychiatric disorder and has not been since the early 20th Century (Campbell 198). Rather, it is a currently legal term which refers to the combination of low/nonexistent empathy and violent behavior.

⁶ What I did find included an article from the *Journal of Gambling Studies* examining the link between OCD and pathological gambling and a number of self-help articles about dealing with “Harm OCD,” or the obsessive fear of becoming violent.

⁷ “Persons who share your mental space, applicable if you feel you have ‘people in your head’, [sic] whether they actively take the front or not” (Astrea’s Web).

⁸ In some cases, the goal of therapy for a DID sufferer or multiplicity system is to “merge” back into one unified identity. More on this in section 3.

⁹ Disney's Alice in Wonderland has been deemed more recognizable to a general audience than the original Tenniel illustrations, apparently.

¹⁰ Specifically, the Mad Hatter spotlight episode, "Mad as a Hatter."

¹¹ except, perhaps, in turns which are universally panned by fans and critics, like Frank Miller's *All-Star Batman and Robin, Boy Wonder* (2005). If anything, the critical backlash Miller received for its inception further proves my point.

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